LA Test # 1
IRS TEST # 1

FORMS REQUIRED: **FORM 1040A, IT540, SCH E, SCH G**

INFORMATION RETURNS ATTACHED:
W-2 (2), **1099R (1), 1099G (1)**

ENTRIES NOT REQUIRING FORMS:

FORM 1040 LINE 2:	63	
FORM 1040, LINE 8b:	6,700	**COMBAT PAY**

STATEMENTS:

OTHER: **DIRECT DEPOSIT- FEDERAL ONLY**
COMBAT LOCATION - IRAQ

THIRD PARTY DESIGNEE:

Name:	JOHN DOE
Phone:	888-555-1111
PIN:	11125

PREPARED BY:

TAXPAYER:

NAME:	**LATEST I WHY JR**	**SSN:**	**400-00-4301**
DOB:	8/19/1970	**OCCUPATION:**	MILITARY
DISABLED:	NO	**PRES ELEC FUND:**	NO
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	NO

SPOUSE:

NAME:	GWEN R KNOTT SR	**SSN:**	400-00-2001
DOB:	6/3/1973	**OCCUPATION:**	HOMEMAKER
DISABLED:	NO	**PRES ELEC FUND:**	NO
		BLIND:	yes

DEPENDENT	**WHO N WHY**	**400-00-2005**	**QUALIFYING**

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
WYNOT, **LA** 70892

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT:FEDERAL ONLY

NAME OF INSTITUTION:	PLAINS CREDIT UNION
RTN:	123456780
ACCT#:	02135763
TYPE OF ACCOUNT:	CHECKING

ETD TRANSMISSION:
FORM 4868:

LINE 4:	0
LINE 5:	0
LINE 6:	0

CONSUMER USE TAX	**160**
PURCHASES	**2000**

RETURN FILED 4/15/2006

e-mail address efile@lamis.gov

LA Test # 1
IRS TEST # 1
FORMS INCLUDED:

Form 1040A:

Taxpayer's first name, initial, last name		**LATEST I WHY JR**
Taxpayer's social security number		400-00-4301
Spouse's first name, initial, last name		GWEN R KNOTT SR
Spouse's social security number		400-00-2001
Home address (number and street)		12457 WILSHIRE-ON-THE-HAMPTONS BLVD
City, state, and zip		**WYNOT LA 70821**
Taxpayer's Presidential Election Campaign Fund		NO
Spouse's Presidential Election Campaign Fund		NO
Filing status		MARRIED FILING JOINTLY
Head of household qualifying person's name		
Line 6a:	**Yourself (exemption)**	YES
Line 6b:	**Spouse (exemption)**	YES
	Number of boxes checked on 6a and 6b	2
Line 6c:	**Dependent #1:**	
	Name	WHO N WHY
	Social security number	400-00-2005
	Relationship	SON
	Qualifying child	YES
	Dependent #2:	
	Name	
	Social security number	
	Relationship	
	Qualifying child	
	Dependent #3:	
	Name	
	Social security number	
	Relationship	
	Qualifying child	
	Dependent #4:	
	Name	
	Social security number	
	Relationship	
	Qualifying child	
	Dependent #5:	
	Name	
	Social security number	
	Relationship	
	Qualifying child	
	Number of children who lived with you	
	Number of children who did not live with you	1
	Dependents not included above	
Line 6d:	**Total number of exemptions claimed**	3

Line 7:	Wages, salaries, and tips		16700
Line 8a:	Taxable interest		63
Line 8b:	Tax-exempt interest		0
Line 9a:	Ordinary dividends		
Line 9b:	Qualified dividends		
Line 10:	Capital gain distributions		
Line 11a:	IRA Distributions		
Line 11b:	Taxable amount of IRA distributions		
Line 12a:	Pensions and annuities		
Line 12b:	Taxable amount of pensions and annuities		15200
Line 13:	Unemployment compensation		200
Line 14a:	Social security benefits		0
Line 14b:	Taxable amount of social security benefits		0
Line 15:	Total income		32163
Line 16:	Educator expenses		
Line 17:	IRA deduction		
Line 18:	Student loan interest deduction		
Line 19:	Tuition and fees deduction		
Line 20:	Total adjustments		0
Line 21:	Adjusted gross income		32163
Line 22:	Enter amount from line 21		32163
Line 23a:	You were born before January 2, 1940		NO
	You are blind		NO
	Spouse was born before January 2, 1940		NO
	Spouse is blind		NO
	Total boxes checked		0
Line 23b	If MFS and spouses itemizes deductions		
Line 24	Standard deduction		11000
Line 25	Subtract line 24 from line 22		21163
Line 26	Multiply $3100 by the total number of exemptions claimed on line 6d		9600
Line 27:	Taxable income		11563
Line 28:	Tax		1158
Line 29:	Credit for child and dependent care expenses		
Line 30:	Credit for elderly or disabled		
Line 31:	Education credits		
Line 32:	Retirement savings contributions credit		
Line 33:	Child tax credit		1000
Line 34:	Adoption credit		
Line 35:	Total credits		1000
Line 36:	Subtract line 38 from line 28		158
Line 37:	Advance earned income credit payments		
Line 38:	Total tax		158
Line 39:	Federal income tax withheld		670
Line 40:	Estimated tax payments and overpayment applied		0
Line 41a:	Earned income credit		137
Line 41b:	Nontaxable combat pay election (DOD 1/2/2005)	6700	
Line 42:	Additional child tax credit		0
Line 43:	Total payments		807
Line 44:	Overpaid		649
Line 45a:	Amount refunded		649
Line 45b:	Routing number		123456780
Line 45c:	Account type		CHECKING
Line 45d:	Account number		02135763
Line 46:	Applied to estimated tax		
Line 47:	Amount you owe:		
Line 48:	Estimated tax penalty		

Third party designee:	
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11125
Taxpayer's occupation:	MILITARY
Spouse's occupation:	HOMEMAKER
Daytime phone number:	
Return prepared by:	

LA Test # 1
IRS TEST # 1
Form W-2:#1

Box b:	**Employer identification number**	**72**-1234567
Box c:	**Employer's name, address, and zip code**	US MILITARY 101 SW WASHINGTON ST WASHINGTON **LA** 70896
Box d:	**Employee's social security number**	400-00-**4301**
Box e:	**Employee's first name, initial, and last name**	**LA**TEST I WHY **JR**
box f:	**Employee's address and zip code**	12457 WILSHIRE-ON-THE-HAMPTONS BLVD **WYNOT, LA 70821**
Box 1:	**Wages, tips, other compensation**	0
Box 2:	**Federal income tax withheld**	0
Box 3:	**Social security wages**	6700
Box 4:	**Social security tax withheld**	415
Box 5:	**Medicare wages and tips**	6700
Box 6:	**Medicare tax withheld**	97
Box 7:	**Social security tips**	
Box 8:	**Allocated tips**	
Box 9:	**Advance EIC Payment**	
Box 10:	**Dependent care benefits**	
Box 11:	**Nonqualified plans**	
Box 12a:		Q 6700
Box 12b:		
Box 12c:		
Box 12d:		
Box 13:	**Statutory employee**	
	Retirement plan	
	Third-party sick pay	
Box 14:	**Other**	
Box 15:	**State**	**LA**
	Employer's state ID number	1234564-**001**

IRS TEST # 1
Form W-2:#2

Box b:	Employer identification number	72-1928374
Box c:	Employer's name, address, and zip code	WEARABLE GARMENTS MANUFACTURING 2 WASHINGTON CIRCLE Baton Rouge, LA 70806
Box d:	Employee's social security number	400-00-4301
Box e:	Employee's first name, initial, and last name	LATEST I WHY JR
box f:	Employee's address and zip code	12457 WILSHIRE-ON-THE-HAMPTONS BLVD WYNOT, LA 70821
Box 1:	Wages, tips, other compensation	16700
Box 2:	Federal income tax withheld	670
Box 3:	Social security wages	16700
Box 4:	Social security tax withheld	1035
Box 5:	Medicare wages and tips	16700
Box 6:	Medicare tax withheld	242
Box 15:	State and State ID number	LA 347625001
Box 16:	State wages, tips, etc	16700
Box 17:	State income tax	167

LA Test # 1
IRS TEST # 1

Form 1099-R:	RETIREMENT DATE 10/2004
Payer's name, street address, city, state, and zip	State of Louisiana Retirement System 14286 Government Blvd Baton Rouge, LA 70821
Payer's federal identification number	72-3234567
Recipient's identification number	400004301
Recipient's name	LATEST I WHY JR
Recipient's street address	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
Recipient's city, state, and zip	WYNOT, LA 70821
Box 1: Gross Distribution	15200
Box 2a: Taxable amount	15200
Box 2b: Taxable amount not determined	
Total distribution	15200
Box 3: Capital gain (included in box 2a)	
Box 4: Federal income tax withheld	
Box 5: Employee contributions	
Box 6: Net unrealized appreciation in securities	
Box 7: Distribution code	7
IRA/SEP/SIMPLE	
Box 8: Other	
Box 9a: Percentage of total distribution	
Box 9b: Total employee contributions	
Box 10: State tax withheld	
Box 11: State/payer's state number	LA 3479625001
Box 12: State distribution	15200
Box 13: Local tax withheld	
Box 14: Name of locality	
Box 15: Local distribution	

LA Test # 1
IRS TEST # 1
Form 1099-G:

Payer's name, street address, city, state, and zip	US DEPARTMENT OF THE TREASURY PO BOX 8903 BLOOMINGTON, IL 61702
Payer's federal identification number	72-4556551
Recipient's identification number	400004301
Recipient's name	LATEST I WHY JR
Recipient's street address	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
Recipient's city, state, and zip	WYNOT, LA 70892

Box 1:	Unemployment Compensation	200
Box 2:	State or local income tax refunds, credits or offsets	
Box 3:	Box 2 amount is for tax year	2005
Box 4:	Federal income tax withheld	0
Box 5:	ATAA payments	0
Box 6:	Taxable Grants	0
Box 7:	Agriculture Payments	0
Box 8:	Check if box 2 is trade or business income	

LA TEST # 1
IRS TEST # 1
2005 RESIDENT RETURN

NAME CHANGE BOX	
DECENDANT FILING BOX	
DECENDANT SPOUSE FILING BOX	
ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER	**400-00-4301**
SOCIAL SECURITY NUMBER SPOUSE	**400-00-2001**
AMENDED RETURN	
NAME	**LATEST I WHY JR**
SPOUSE NAME	**GWEN R KNOTT SR**
PRESENT ADDRESS	**12457 WILSHIRE ON THE HAMPTONS BLVD**
CITY STATE ZIP	**BATON ROUGE LA 70821**
SPOUSE	**BLIND**
FILING STATUS	**MFJ**
EXEMPTIONS:	**1**
TOTAL EXEMPTIONS	**4**

7 FEDERAL AUDJUSTED GROSS INCOME	**16966**
8 LESS FEDERAL INCOME TAX	**158**
9 YOUR LOUISIANA TAX TABLE INCOME	**16808**
10 YOUR LOUISIANA INCOME TAX	**118**
11A OTHER NON REFUNDABLE TAX CREDITS	**100**
11B AMT OF NONREFUNDABLE LA CHILD CARE CREDIT	**18**
11D TOTAL NONREFUNDABLE TAX CREDITS	**118**
11 CONSUMER USE TAX	**160**
12 TOTAL INCOME TAX AND CONSUMER USE TAX	**160**
15C AMOUNT OF TAX WITHHELD FOR 2005	**167**
15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2004	**200**
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS	**367**
16 OVERPAYMENT	**207**
17D CREDIT TO 2006 INCOME	**207**
18 SUBTOTAL	**207**

2005 ADJUSTMENTS TO INCOME
SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME	**32163**
3 TOTAL	**32163**
4A INT AND DIV ON U S GOVERNMENT OBLIGATIONS	**63**
4B LOUISIANA STATE EMPLOYEES RETIREMENT BENEFITS	**15200**
4J TOTAL	**15263**
4K FEDERAL TAX APPLICABLE TO EXEMPT INCOME	**66**
4L NONTAXABLE INCOME	**15197**
5 LOUISIANA ADJUSTED GROSS INCOME	**16966**

SCHEDULE G
2005 NONREFUNDABLE TAX CREDITS
1 CREDIT FOR CERTAIN DISABILITIES
2B SPOUSE – **BLIND**
2C DEPENDENT – DEAF LOL MI BLIND

2C LIST DEPENDENT NAME(S) HERE _____

2D PRINT TOTAL NUMBER OF QUALIFYING DEPENDENTS **1**
2E MULTIPLY 2D BY $100 AND PRINGT RESULT HERE **100**
10 TOTAL NON REFUNDABLE CREDITS_____ **100**

LA TEST# 2

IRS TEST # 2

FORMS REQUIRED: FORM 1040**A, FORM 2210 PARTIII IT540, SCHEDULE E**

INFORMATION RETURNS ATTACHED:

FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

INTEREST 370

STATEMENTS:

THIRD PARTY DESIGNEE: NONE

OTHER: FORM 2210 LINE 9 8000

TAXPAYER

NAME:	**LATEST A EAU DE TOILETTE**	**SSN:**	**400-00-4302**
DOB:	2/14/1977	**OCCUPATION:**	SALES CLERK
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	225-319-2488	**BLIND:**	NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
BATON ROUGE LA 70805

FILING STATUS: SINGLE

FEDERAL EXTENSION UNTIL	**10/15/2006**	
TAXABLE PURCHASES	**2000**	
NATIVE AMERICAN INCOME	**5000**	
START SAVINGS PROGRAM CON	**250**	
STATE DIRECT DEBIT	**RTN**	**253174576**
	ACCT#	**6542153**
	ACCOUNT TYPE	**CHECKING**
	AMOUNT OF PAYMEN	**1628**
	PAYMENT DATE	**4/15/2006**
	e-mail address	efile@lamis.gov
RECAPTURE OF START	**50**	
2004 CREDIT CARRYFORWARD	**500**	

LA TEST# 2

IRS TEST # 2

FORMS INCLUDED:

Form 1040A:

Taxpayer's first name, initial, last name	**LATEST A EAU DE TOILETTE**
Taxpayer's social security number	**400-00-4302**
Home address (number and street)	5 GOTTA SMELL GOOD ST
City, state, and zip	**BATON ROUGE LA 70805**
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Head of household qualifying person's name	
Line 6a: Yourself (exemption)	YES
Line 6b: Spouse (exemption)	
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	
Social security number	
Relationship	
Qualifying child	
Number of children who lived with you	
Number of children who did not live with you	
Dependents not included above	
Line 6d: Total number of exemptions claimed	1

Line 7:	Wages, salaries, and tips	51800
Line 8a:	Taxable interest	370
Line 8b:	Tax-exempt interest	
Line 9a:	Ordinary dividends	
Line 9b:	Qualified dividends	
Line 10:	Capital gain distributions	
Line 11a:	IRA Distributions	
Line 11b:	Taxable amount of IRA distributions	
Line 12a:	Pensions and annuities	
Line 12b:	Taxable amount of pensions and annuities	
Line 13:	Unemployment compensation	
Line 14a:	Social security benefits	
Line 14b:	Taxable amount of social security benefits	
Line 15:	Total income	52170
Line 16:	Educator expenses	
Line 17:	IRA deduction	
Line 18:	Student loan interest deduction	
Line 19:	Tuition and fees deduction	
Line 20:	Total adjustments	0
Line 21:	Adjusted gross income	52170
Line 22:	Enter amount from line 21	52170
Line 23a:	You were born before January 2, 1940	NO
	You are blind	NO
	Spouse was born before January 2, 1940	NO
	Spouse is blind	NO
	Total boxes checked	0
Line 23b	If MFS and spouses itemizes deductions	
Line 24	Standard deduction	5000
Line 25	Subtract line 24 from line 22	47170
Line 26	Multiply $3100 by the total number of exemptions claimed on line 6d	3200
Line 27:	Taxable income	43970
Line 28:	Tax	7659
Line 29:	Credit for child and dependent care expenses	
Line 30:	Credit for elderly or disabled	
Line 31:	Education credits	
Line 32:	Retirement savings contributions credit	
Line 33:	Child tax credit	
Line 34:	Adoption credit	
Line 35:	Total credits	
Line 36:	Subtract line 38 from line 28	7659
Line 37:	Advance earned income credit payments	
Line 38:	Total tax	7659
Line 39:	Federal income tax withheld	191
Line 40:	Estimated tax payments and overpayment applied	
Line 41a:	Earned income credit	
Line 41b:	Nontaxable combat pay election	
Line 42:	Additional child tax credit	
Line 43:	Total payments	191
Line 44:	Overpaid	
Line 45a:	Amount refunded	
Line 45b:	Routing number	
Line 45c:	Account type	
Line 45d:	Account number	
Line 46:	Applied to estimated tax	
Line 47:	Amount you owe:	7681
Line 48:	Estimated tax penalty	213

Third party designee:	
Designee's name	NO
Designee's phone number	
Designee's personal identification number (PIN)	
Taxpayer's occupation:	SALES CLERK
Spouse's occupation:	
Daytime phone number:	225-219-2492
Return prepared by:	

IRS TEST # 2

Form W-2:#1

Box b:	**Employer identification number**	**72**-8765432
Box c:	**Employer's name, address, and zip code**	SWEET AROMA HEALTH AND BEAUTY AIDS 7 FRAGRANT WAY BATON ROUGE LA 70805
Box d:	**Employee's social security number**	**400-00-4302**
Box e:	**Employee's first name, initial, and last name**	**LATEST A EAU DE TOILETTE**
box f:	**Employee's address and zip code**	5 GOTTA SMELL GOOD ST **BATON ROUGE LA 70805**
Box 1:	**Wages, tips, other compensation**	9000
Box 2:	**Federal income tax withheld**	79
Box 3:	**Social security wages**	9000
Box 4:	**Social security tax withheld**	558
Box 5:	**Medicare wages and tips**	9000
Box 6:	**Medicare tax withheld**	131
Box 15:	**State and State ID number**	**LA 4870821001**
Box 16:	**State wages, tips, etc**	9000
Box 17:	**State income tax**	50

LA TEST# 2

IRS TEST # 2

Form W-2:#2

Box b:	**Employer identification number**	**72**-4568821
Box c:	**Employer's name, address, and zip code**	NATIONAL TRIBAL COUNCIL 8566 NATURES ROADWAY **BATON ROUGE LA 70805**
Box d:	**Employee's social security number**	**400-00-4302**
Box e:	**Employee's first name, initial, and last name**	**LATEST A EAU DE TOILETTE**
box f:	**Employee's address and zip code**	5 GOTTA SMELL GOOD ST **BATON ROUGE LA 70805**
Box 1:	**Wages, tips, other compensation**	1800
Box 2:	**Federal income tax withheld**	112
Box 3:	**Social security wages**	1800
Box 4:	**Social security tax withheld**	112
Box 5:	**Medicare wages and tips**	1800
Box 6:	**Medicare tax withheld**	26
Box 15:	**State and State ID number**	**LA 3258920001**
Box 16:	**State wages, tips, etc**	1800
Box 17:	**State income tax**	0

LA TEST# 2

IRS TEST # 2

Form W-2:#3

Box b:	**Employer identification number**	**72**-7654321
Box c:	**Employer's name, address, and zip code**	US ARMY 123 MILITARY BASE BATON ROUGE LA 70805
Box d:	**Employee's social security number**	**400-00-4302**
Box e:	**Employee's first name, initial, and last name**	**LATEST A EAU DE TOILETTE**
box f:	**Employee's address and zip code**	5 GOTTA SMELL GOOD ST **BATON ROUGE LA 70805**
Box 1:	**Wages, tips, other compensation**	41000
Box 2:	**Federal income tax withheld**	0
Box 3:	**Social security wages**	41000
Box 4:	**Social security tax withheld**	2542
Box 5:	**Medicare wages and tips**	41000
Box 6:	**Medicare tax withheld**	595
Box 15:	**State and State ID number**	**LA 3655115001**
Box 16:	**State wages, tips, etc**	41000
Box 17:	**State income tax**	0

LA TEST 3

IRS TEST #3

FORMS REQUIRED: FORM 1040A, 1099R, 1099G, SCH 2, FORM 2441, FORM 8812, FORM 8863, **IT540, SC SCH G, SCH D**

INFORMATION RETURNS ATTACHED:

FORM W-2 (2), 1099r

ENTRIES NOT REQUIRING FORMS:

UNEMPLOYMENT COMPENSATION	1,650		
IRA DEDUCTION	1,200	**TAXPAYER:**	1,200
		SPOUSE:	0

STATEMENTS:

FORM 1040A, LINE 6c, DEPENDENT LISTING
SCH 2, LINE 1, COLUMNS A & B, CHILD CARE PROVIDERS
SCH 2, LINE 1, COLUMNS C & D, CHILD CARE PROVIDERS
SCH 2, LINE 2, QUALIFYING NAME

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER:

NAME:	**LATEST U GRASS**	**SSN:**	**400-00-4313**
DOB:	1/1/1955	**OCCUPATION:**	CONSULTANT
DISABLED:	**BLIND**	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	YES

SPOUSE:

NAME:	MAY B GRASS	**SSN:**	**400-00-2013**
DOB:	8/22/1960	**OCCUPATION:**	SALESPERSON
DISABLED:	NO	**PRES ELEC FUND:**	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR
BATON ROUGE LA 70802

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 8

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
TIMOTHY GRASS	4	400-55-3013	SON	12	X
MARY GRASS	6	400-55-4013	DAUGHTER	12	X
DAVID GRASS	8	400-55-5013	SON	12	X
SUSAN GRASS	10	400-55-6013	DAUGHTER	12	X
PHILIP GRASS	12	400-55-7013	SON	12	x
ANGELA GRASS	14	400-55-8013	DAUGHTER	12	X

DIRECT DEPOSIT:

NAME OF INSTITUTION:	SAVINGS CREDIT UNION
RTN:	253174576
ACCT#:	06542153
TYPE OF ACCOUNT:	SAVINGS

SCHEDULE 2:

PART I:

LINE 1:

(a)	(b)		(c)	(d)
CHILDRENRUS	55 PLAY ST	SAINT THOMAS VI 00802	02-7777777	400
SUSAN CAREGIVER	FIRST ST NW	SAINT THOMAS VI 00802	02-6789000	800

PART II:

LINE 2:

(a)	(b)	(c)	
TIMOTHY GRASS	400-55-3013	1,040	*NOTE: TOTAL PAID 1,340*
MARY GRASS	400-55-4013	700	*NOTE: TOTAL PAID 1,000*
DAVID GRASS	400-55-5013	500	*NOTE: TOTAL PAID 800*

NOTE: *COLUMN C FOR EACH DEPENDENT IS ADJUSTED BY $300 EACH OF EXCLUDED BENEFITS*

LINE 3: 300

PART III:

LINE 12: 1,000

LINE 13: 100

Schedule 2 addendum

FORM 8863:

PART I:

LINE 1:

(a)	(b)	(c)
LATEST U GRASS	400-00-1013	2,000
MAY B GRASS	400-00-2013	1,500

CHILD CARE - **TIMOTHY**	**400**	
MARY	**400**	
DAVID	**400**	
CREDITS CARRIED FORWARD FROM 2004		**300**
NONREFUNDABLE LOUISIANA CHILD CARE FROM 2004		**205**

E-MAIL ADDRESS: efile@lamis.gov

DISABLED:

TIMOTHY	**BLIND**
MARY	**DEAF**
DAVID	**LOL**
SUSAN	**MENTALLY INCAPACITATED**

SCHEDULE E LINE 2A	**1000**
Start Savings Program Contribution - Sch e	**4800**
line 17a millitary assist. Fund	**100**
Start Contribution	**500**
SCH D:	
LINE 1:	**25**
LINE 2:	**25**
LINE 3:	**25**
LINE 4:	**25**
LINE 5:	**25**

LA Test #3
IRS Test #13
FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	**LATEST U GRASS**
Taxpayer's social security number	**400-00-4313**
Spouse's first name, initial, last name	MAY B GRASS
Spouse's social security number	400-00-4323
Home address (number and street)	74131 FESCUE DR
City, state, and zip	**BATON ROUGE LA 70802**
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	TIMOTHY GRASS
Social security number	400-55-3013
Relationship	SON
Qualifying child	X
Dependent #2:	
Name	MARY GRASS
Social security number	400-55-4013
Relationship	DAUGHTER

	Qualifying child	X
	Dependent #3:	
	Name	DAVID GRASS
	Social security number	400-55-5013
	Relationship	SON
	Qualifying child	X
	Dependent #4:	
	Name	SUSAN GRASS
	Social security number	400-55-6013
	Relationship	DAUGHTER
	Qualifying child	X
	Dependent #5:	
	Name	PHILIP GRASS
	Social security number	400-55-7013
	Relationship	SON
	Qualifying child	X
	Dependent #6:	
	Name	ANGELA GRASS
	Social security number	400-55-8013
	Relationship	DAUGHTER
	Qualifying child	X
	Number of children who lived with you	6
Line 6d:	Total number of exemptions claimed	8
Line 7:	Wages, salaries, and tips	46000
Line 12b:	Pensions and Annuities	
Line 13:	Unemployment compensation	1650
Line 15:	Total income	47650
Line 17:	IRA deduction	1200
Line 20:	Total adjustments	0
Line 21:	Adjusted gross income	47650
Line 22:	Enter amount from line 21	47650

TEST #13 (CONTINUED):

Line 23a:	You are blind	X
	Total boxes checked	1
Line 24:	Standard deduction	11000
Line 25:	Subtract line 24 from line 22	35450
Line 26:	Multiply $3200 by the total number of exemptions claimed on line 6d	25600
Line 27:	Taxable income	9850
Line 28:	Tax	988
Line 29:	Credit for child and dependent care expenses	60
Line 31:	Education credits	928
Line 35:	Total credits	988
Line 36:	Subtract line 35 from line 28	0
Line 38:	Total tax	0
Line 39:	Federal income tax withheld	1490
Line 42:	Additional child tax credit	5250
Line 43:	Total payments	6740
Line 44:	Overpaid	6740
Line 45a:	Amount refunded	6740
Line 45b:	Routing number	253174576
Line 45c:	Account type	SAVINGS
Line 45d:	Account number	06542153
Third party designee:		YES
Designee's name		JOHN DOE
Designee's phone number		888-555-1111
Designee's personal identification number (PIN)		11112
Taxpayer's occupation:		CONSULTANT
Spouse's occupation:		SALESPERSON

FORM W-1 #1:

Box b:	**Employer identification number**	**72**-9876543
Box c:	**Employer's name, address, and zip code**	LAST JOB INC 97 WHEATLEY AVE SAINT THOMAS VI 00802
Box d:	**Employee's social security number**	400-00-**4313**
Box e:	**Employee's first name, initial, and last name**	**LA**TEST U GRASS
box f:	**Employee's address and zip code**	74131 FESCUE DR **Baton Rouge, LA 70802**
Box 1:	**Wages, tips, other compensation**	24500
Box 2:	**Federal income tax withheld**	900
Box 3:	**Social security wages**	24500
Box 4:	**Social security tax withheld**	1519
Box 5:	**Medicare wages and tips**	24500
Box 6:	**Medicare tax withheld**	355
Box 10:	**Dependent care benefit**	1000
Box 15:	**State**	**LA**
	Employer's state ID number	4028881001
Box 16:	**State wages, tips, etc**	24500
Box 17:	**State income tax**	1715

FORM W-2 #2:

Box b:	**Employer identification number**	**72**-5689124
Box c:	**Employer's name, address, and zip code**	SNODGRASS FEED AND SEED 1 PLANTATION ST SAINT THOMAS **LA 70802**
Box d:	**Employee's social security number**	**400-00-4323**
Box e:	**Employee's first name, initial, and last name**	MAY B GRASS
box f:	**Employee's address and zip code**	74131 FESCUE DR **Baton Rouge, LA 70802**
Box 1:	**Wages, tips, other compensation**	17500
Box 2:	**Federal income tax withheld**	550
Box 3:	**Social security wages**	17500
Box 4:	**Social security tax withheld**	1085
Box 5:	**Medicare wages and tips**	17500
Box 6:	**Medicare tax withheld**	254
Box 15:	**State**	**LA**
	Employer's state ID number	**4023456001**
Box 16:	**State wages, tips, etc**	17500
Box 17:	**State Income Tax**	10

TEST # 3

Form 1099-G:

Payer's name, street address, city, state, and zip	**US DEPARTMENT OF THE TREAS** **PO BOX 8903** **BLOOMINGTON, IL 61702**
Payer's federal identification number	**72-4556551**
Recipient's identification number	**400-00-4313**
Recipient's name	**LA**TEST U GRASS
Recipient's street address	74131 FESCUE DR
Recipient's city, state, and zip	**Baton Rouge, LA 70802**
Box 1: Unemployment Compensation	**1650**
Box 2: State or local income tax refunds, credits or offsets	
Box 3: Box 2 amount is for tax year	**2005**
Box 4: Federal income tax withheld	**0**
Box 5: ATAA payments	**0**
Box 6: Taxable Grants	**0**
Box 7: Agriculture Payments	**0**
Box 8: Check if box 2 is trade or business income	

SURY

Form 1099-R

3 RETIREMENT DATE (091986)

Payer's name, street address, city, state, and zip	LOUISIANA TEACHERS RETIREMENT 123 SOMEWHERE ST BATON ROUGE LA 70808
Payer's federal identification number	72-9081728
Recipient's identification number	400-00-4313
Recipient's name	LATEST U GRASS
Recipient's street address	74131 FESCUE DRIVE
Recipient's city, state, and zip	Baton Rouge, LA 70802

Box 1:	Gross Distribution	4000
Box 2a:	Taxable amount	4000
Box 2b:	Taxable amount not determined	
	Total distribution	
Box 3:	Capital gain (included in box 2a)	
Box 4:	Federal income tax withheld	40
Box 5:	Employee contributions	
Box 6:	Net unrealized appreciation in securities	
Box 7:	Distribution code	7
	IRA/SEP/SIMPLE	
Box 8:	Other	
Box 9a:	Percentage of total distribution	
Box 9b:	Total employee contributions	
Box 10:	State tax withheld	0
Box 11:	State/payer's state number	LA 3302888001

LA TEST #3
IRS TEST # 13
2005 RESIDENT RETURN

NAME CHANGE BOX	
DECENDANT FILING BOX	
DECENDANT SPOUSE FILING BOX	
ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER	**400-00-4313**
SOCIAL SECURITY NUMBER SPOUSE	**400-00-4323**
NAME	**LATEST U GRASS**
SPOUSE NAME	**MAY B GRASS**
PRESENT ADDRESS	**74131 FESCUE DRIVE**
CITY STATE ZIP	**BATON ROUGE LA 70802**

FILING STATUS	**MFJ**
EXEMPTIONS:	**6**
TOTAL EXEMPTIONS	**9**

7 FEDERAL AUDJUSTED GROSS INCOME	**38650**
8 LESS FEDERAL INCOME TAX	
9 YOUR LOUISIANA TAX TABLE INCOME	**38650**
10 YOUR LOUISIANA INCOME TAX	**705**
11 FEDERAL CHILD CARE CREDIT	**60**
11A OTHER NON REFUNDABLE TAX CREDITS	**500**
11B AMT OF NONREFUNDABLE LA CHILD CARE CREDIT	**205**
Louisiana Child Care Credit carry forward to 2006	**6 (Info only)**
11D TOTAL NONREFUNDABLE TAX CREDITS	**705**
15C AMOUNT OF TAX WITHHELD FOR 2005	**1725**
15D AMT OF CREDIT CARRIED FORWARD FROM 2004	**300**
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS	**2025**
16 OVERPAYMENT	**2025**
17A CONTR TO MILITARY FAMILY ASSITANCE FUND	**100**
17B AMOUNT TO DONATE TO VARIOUS CHARITIES	**125**
17C AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE START PROGRAM	**500**
18 SUBTOTAL	**725**
19 AMOUNT TO BE REFUNDED	**1300**

LA TEST #
IRS TEST #
2005 ADJUSTMENTS TO INCOME
SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME	**46450**
2A RECAPTURE OF START CONTRIBUTIONS	**1000**
3 TOTAL	**47450**
4B LA STATE EMPLOYEES RETIREMENT BENEFITS	**4000**
09/1986	
4I START SAVINGS PROGRAM CONTRIBUTION	**4800**
4J TOTAL	**8800**
4L NONTAXABLE INCOME	**8800**
5 LOUISIANA ADJUSTED GROSS INCOME	**38650**

LA TEST #
IRS TEST #
2005 DONATION SCHEDULE

1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	**25**
2 LOUSIANA CANCER TRUST FUND – PROSTATE CANCER	**25**
3 LOUISIANA ANIMAL WELFARE COMMISSION	**25**
4 LOUISIANA HOUSING TRUST FUND	**25**
5 COMMUNITY BASED PRIMARY HEALTH CARE FUND	**25**
6 TOTAL DONATIONS	**125**

SCHEDULE G
2005 NONREFUNDABLE TAX CREDITS

2A YOURSELF - **BLIND**
2C DEPENDENT – **DEAF LOL MI BLIND**

2C LIST DEPENDENT NAME(S) HERE **MARY, DAVID, SUSAN, TIMOTHY**

2D PRINT TOTAL NUMBER OF QUALIFYING DEPENDENTS	**5**
2E MULTIPLY 1D BY $100 AND PRINGT RESULT HERE	**500**

LA TEST # 4

IRS TEST # 10

FORMS REQUIRED: FORM 1040A,SCH 2, FORM 2441, FORM 8812, FORM 8880, FOI**IT540, SCH E, SCH D**

INFORMATION RETURNS ATTACHED:

FORM W-2 (**1**) **1099R (1)**

ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 19:	250	
FORM 1040A, LINE 37:	412	FROM FORM W-2

STATEMENTS:

FORM 8914 **500**

Fosterchild is qualified by award of the last district court of New Orleans.

THIRD PARTY DESIGNEE:

NAME: JANE SMITH
PHONE: 123-456-7890
PIN: 34567

PREPARED BY: **PAID PREPARER**

TAXPAYER:

NAME:	**LATEST U PHROZINTOWES**	**SSN:**	**400-00-4310**
DOB:	6/12/1969	**OCCUPATION:**	CLERICAL
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN
Baton Rouge, LA 70802

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	X

SCHEDULE EIC: **THERE IS NO EIC**

	(CHILD 1)	(CHILD 2)
LINE 1:	SAMMY PHROZINTOWES	TAMMY TY
LINE 2:	400-55-5010	400-55-4010
LINE 3:	1998	1994
LINE 5:	SON	FOSTERCHILD
LINE 6:	12	12

DONATIONS

WILDLIFE HABITAT & NATURAL	**51**
LA CANCER TRUST FUND	**52**
LA ANIMAL WELFARE COMM	**53**
LA HOUSING TRUST FUND	**54**
COMMUNITY BASED PRIMARY HEALTH	**55**

NONREFUNDABLE LA CHILD CARE CREDIT CARRIED FORWARD FROM 2004	292
TAXABLE PURCHASES	2385
NONREFUNDABLE CHILD CARE CREDIT	23
CREDIT CARRY FORWARD FROM 2004	2550
ESTIMATED PAYMENTS	675
CONTRIBUTION TO START	85
2006 IT CARRY FORWARD	227
E-MAIL ADDRESS efile@lamis.gov	

LINE 17B	265
MILITARY ASST FUND ADDL DONATION	43

TEST #4
IRS TEST #10
FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	**LATEST U PHROZINTOWES**
Taxpayer's social security number	**400-00-4310**
Home address (number and street)	1832 NORTH POLE LN
City, state, and zip	**Baton Rouge, LA 70802**
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	JESSICA LEE
Social security number	400-55-3010
Relationship	DAUGHTER
Qualifying child	X
Dependent #2:	
Name	TAMMY TY
Social security number	400-55-4010
Relationship	FOSTERCHILD
Qualifying child	X
Dependent #3:	

	Name	SAMMY PHROZINTOWES	
	Social security number	400-55-5010	
	Relationship	SON	
	Qualifying child	X	
	Number of children who lived with you	2	
	Dependents on 6c not entered above	1	
Line 6d:	**Total number of exemptions claimed**	4	
Line 7:	**Wages, salaries, and tips**	21250	dcb
Line 12a:	**Pensions and Annuities**	15000	
Line 12b:	**Taxable Amount**	12840	
Line 15:	**Total income**	34090	
Line 19:	**Tuition and fees deduction**	250	
Line 20:	**Total adjustments**	250	
Line 21:	**Adjusted gross income**	33840	
Line 22:	**Enter amount from line 21**	33840	
Line 24:	**Standard deduction**	7300	
Line 25:	**Subtract line 24 from line 22**	26540	
Line 26:	**Multiply $3200 by the total number of exemptions claimed on line 6d**	13300	
Line 27:	**Taxable income**	13240	
Line 28:	**Tax**	1461	
Line 29:	**Credit for child and Dependant Care**	125	
Line 32:	**Retirement savings contributions credit 8880**	150	
Line 33:	**Child Tax Credit**	1186	
Line 35:	**Total Credits**	1461	
Line 36:	**Subtract line 35 from line 28**	0	
Line 37:	**Advance earned income credit payments**	412	
Line 38:	**Total tax**	412	
Line 39:	**Federal income tax withheld**	2240	
Line 41a:	**Earned income credit**	0	
Line 41b:	**Nontaxable combat pay election**	0	
Line 42:	**Additional child tax credit**	1736	
Line 43:	**Total payments**	3976	
Line 44:	**Overpaid**	3564	
Line 45a:	**Amount refunded**	3564	
Line 45b:	**Routing number**	XXXXXXXXX	
Line 45d:	**Account number**	XXXXXXXXXXXXXXXXX	

TEST #10 (CONTINUED):

Third party designee:	YES
Designee's name	JANE SMITH
Designee's phone number	123-456-7890
Designee's personal identification number (PIN)	34567
Taxpayer's occupation:	CLERICAL

Form W-2 #1:

Box b:	**Employer identification number**	38-9391949
Box c:	**Employer's name, address, and zip code**	PHRIEZ, EYECICKLE, AND GLACIER 21 APPEAL ST KANATA ONTARIO K2K1X-3 .
Box d:	**Employee's social security number**	400-00-**4310**
Box e:	**Employee's first name, initial, and last name**	**LATEST U PHROZINTOWES**
box f:	**Employee's address and zip code**	1832 NORTH POLE LN **Baton Rouge, LA 70802**
Box 1:	**Wages, tips, other compensation**	**21250**
Box 2:	**Federal income tax withheld**	**2240**
Box 3:	**Social security wages**	**21250**
Box 4:	**Social security tax withheld**	**1407**
Box 5:	**Medicare wages and tips**	**21250**
Box 6:	**Medicare tax withheld**	**329**
Box 9:	**Advance EIC Payment**	412
Box 10:	**Dependent Care Benefit**	500
Box 12a:		D 1500
Box 13:	**Retirement plan**	X
Box 15:	**State and State ID number:**	**LA 3582461001**
Box 16:	**State wages, tips, etc**	**21250**
Box 17:	**State income tax**	**880**

TEST #4
IRS TEST #10
Form 1099-R #1 **RETIREMENT DATE (05-15-2004)**

Payer's name, street address, city, state, and zip		**DEPT OF DEFENSE** **P O BOX 82135** **WASHINGTON DC 20001**
Payer's federal identification number		**72-5239871**
Recipient's identification number		400-00-4310
Recipient's name		**LATEST U PHROZINTOWES**
Recipient's street address		1832 NORTH POLE LN
Recipient's city, state, and zip		**Baton Rouge, LA 70802**
Box 1:	**Gross Distribution**	**15000**
Box 2a:	**Taxable amount**	**12840**
Box 2b:	**Taxable amount not determined** **Total distribution**	
Box 3:	**Capital gain (included in box 2a)**	
Box 4:	**Federal income tax withheld**	
Box 5:	**Employee contributions**	
Box 6:	**Net unrealized appreciation in securities**	
Box 7:	**Distribution code** **IRA/SEP/SIMPLE**	**7**
Box 8:	**Other**	
Box 9a:	**Percentage of total distribution**	
Box 9b:	**Total employee contributions**	
Box 10:	**State tax withheld**	**0**
Box 11:	**State/payer's state number**	**LA 4796235001**
BOX 12:	**State distribution**	12840

LA TEST # 5
IRS TEST# 27

FORMS REQUIRED: FORM 1040,SCH A,SCH C, SCH SE, FORM 3800, FORM 4684, FORM 5884, FORM 5884A,FORM 8914, FORM 8915, **IT540, SCH E, SCH D, SCH F, SCH H, SCH G FITDCW**

INFORMATION RETURNS ATTACHED: FORM W-2 (2) 1099r (**3**)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **C/O LATEST O MACDONALD**

NAME:	**LATEST O MACDONALD**	**SSN:**	**400-00-4327**
DOB:	8/14/1955	**OCCUPATION:**	TRUCK DRIVER
DISABLED:	NO	**PRES ELEC FUND:**	NO
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	NO

SPOUSE:

NAME:	DAISY MACDONALD	**SSN:**	400-00-2027
DOB:	9/25/1955	**OCCUPATION:**	FARMER
DISABLED:	NO	**PRES ELEC FUND:**	NO
deceased	**10/15/2005**	**BLIND:**	NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3
SUNSHINE, LA 70122
225-219-4568

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO
JETHRO MACDONALD	18	400-55-3027	SON	12
ELLIE MAE MACDONALD	17	400-55-4027	DAUGHTER	12

SCHEDULE A:

LINE 5	2,151	
LINE 6	2,012	
LINE 10	5,150	
LINE 15a	250	
Line 19	10,000	Note see form 4684

SCHEDULE SE:

NAME:	LATEST MACDONALD	**SSN:**	400-00-4327
SECTION A:			
LINE 2:	3,000		

FORM 3800:

PART I:

LINE 1b:	0	SEE FORM 5884
LINE 1z:	4,875	SEE FORM 5884A
LINE 5-7	0	
PART II:		
LINE 9	1,103	
LINE 12 A	0	

FORM 4684:

SECTION A:		
LINE 2:	10,000	
LINE 5:	12,000	
LINE 6:	0	
LINE 11:	0	**Note: Hurricane Katrina Casualty After 8/24/05**

FORM 5884:

PART I:		
LINE 1a:	1,875	**Wages=7500** *NOTE: WAGES - WORKED AT LEAST 120 HOURS*
LINE 1b:	3,000	**Wages=7500** *NOTE: WAGES - WORKED AT LEAST 400 HOURS*
PART II		
LINE 8	0	

FORM 5884 A

LINE 1a	150
line 3:	0

FORM 8914:

Name:	**DELL FARMER**	Displaced by Hurricane Katrina - 91 days
LINE 2:	500	

FORM 8915:

PART I:	a	b	c
LINE 1:	1,500	1,500	0
LINE 2:	2,000	2,000	0

PART II.	
LINE: 9	NO
LINE: 10	150
PART III.	
Line 17:	NO
LINE 18:	200
PART IV:	
LINE 20:	NO
LINE 21:	0
LINE 24:	0

SCHEDULE C:

NAME OF PROPRIETOR:	LATEST O MACDONALD	**SSN:**	400-00-4327
LINE A:	AGRICULTURAL PRODUCT SALES		
LINE B:	115110		
LINE D:	72-9687321		
LINE F:	CASH		
LINE G:	YES		
PART I:			
LINE 1:	44,275	**STATUTORY EMPLOYEE BOX :**	0
LINE 2:	200		
PART II:			
LINE 8:	223		

LINE 9:	666	
LINE 10:	1,200	
LINE 15:	750	
LINE 17:	75	
LINE 18:	92	
LINE 22:	50	
LINE 23:	225	
LINE 25:	650	
LINE 30:	0	
SCHEDULE C:		
PART III:		
LINE 33:	COST	
LINE 34	NO	
LINE 35	51,800	
LINE 36:	22,222	
LINE 37;	10,125	
LINE 38:	150	
LINE 39	100	
LINE 41:	47,253	
PART 1V	N/A	
LOUISIANA IT 540		
LINE 2:	FIT DEDUCTION WORKSHEET	2004
LINE 17A		51
LINE 17B		193
LINE 17C		100
SCHEDULE E:		
LINE 4D2:	QUALIFIED LA RETIREMENT PLAN	300
SCHEDULE D:		
LINE 1:		50
LINE 2:		25
LINE 3:		35
LINE 4:		35
LINE 5:		48
SCHEDULE F:	REFUNDABLE TAX CREDITS	
LINE 1:		4253
SCHEDULE H:	SEE FIT DEDUCTION WORKSHEET	
SCHEDULE G:	NON-REFUNDABLE TAX CREDITS	
LINE 4:		843
LINE 11:		25

IRS Test #27

LA TEST # 5

IRS TEST# 27

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

Form 1040:

Taxpayer's first name, initial, last name	**LATEST O MACDONALD**
Taxpayer's social security number	**400-00-4327**
Spouse's first name, initial, last name	DAISY MACDONALD
Spouse's social security number	400-00-2027
Home address (number and street)	1 FIRST STREET APT 3
City, state, and zip	**SUNSHINE LA 70122**
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	JETHRO MACDONALD
Social security number	400-55-3027
Relationship	SON
Dependent #2:	
Name	ELLIE MAE MACDONALD
Social security number	400-55-4027
Relationship	DAUGHTER
Number of children who lived with you	2
Line 6d: Total number of exemptions claimed	4

Line 7:	**Wages, salaries, and tips**	37967
Line 12:	**Business Income or Loss (Schedule C)**	3000
line 15a:	**IRA Distributions**	2000
line 15b:	**Taxable amount of IRA distributions (8915)**	1800
line 16a:	**Pensions and annuities**	1500
line 16b:	**Taxable amount of pensions and annuities (8915)**	1350
Line 22:	**Total income**	44117
Line 27:	**One-half of self-employment tax**	212
Line 36:	**Add lines 23 through 31a and 32 through 35**	212
Line 37:	**Adjusted gross income**	43905
Line 38:	**Enter amount from line 37**	43905
Line 40:	**Itemized deductions or standard deduction**	19563
Line 41:	**Subtract line 40 from line 38**	23342
Line 42:	**Multiply $3200 by the total number of exemptions claimed on line 6d (8914)**	13300
Line 43:	**Taxable income**	11042
Line 44:	**Tax**	1103
Line 46:	**Add lines 44 and 45**	1103
Line 55:	**Other credits (3800)**	600
Line 55a:	**Form 3800**	X
Line 55c:	**Specify Literal**	X
Line 56:	**Total credits**	600
Line 57:	**Subtract line 56 from line 46**	503
Line 58:	**Self-employment tax**	424
Line 63:	**Total tax**	927
Line 64:	**Federal income tax withheld**	1299
Line 71:	**Total payments**	1299
Line 72:	**Amount you overpaid**	372
Third party designee:		NO
Taxpayer's occupation:		TRUCK DRIVER
Spouse's occupation:		FARMER

FORM W-2 #1:

Box b:	**Employer identification number**	**72-8765421**
Box c:	**Employer's name, address, and zip code**	TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING **LA 70121**
Box d:	**Employee's social security number**	**400-00-4327**
Box e:	**Employee's first name, initial, and last name**	**LATEST O MACDONALD**
box f:	**Employee's address and zip code**	1 FIRST STREET APT 3 **SUNSHINE LA 70122**
Box 1:	**Wages, tips, other compensation**	30000
Box 2:	**Federal income tax withheld**	749
Box 3:	**Social security wages**	30000
Box 4:	**Social security tax withheld**	1860
Box 5:	**Medicare wages and tips**	30000
Box 6:	**Medicare tax withheld**	435
Box 15:	**State**	**LA**
	Employer's state ID number	**3614213001**
Box 16:	**State wages, tips, etc**	30000
Box 17:	**State income tax**	2100

LA TEST # 5

IRS TEST# 27

FORM W-2 #2:

Box b:	**Employer identification number**	**72-6651220**
Box c:	**Employer's name, address, and zip code**	PACK AND MOVE 321 TRAVELLERS REST SUNSHINE **LA 70121**
Box d:	**Employee's social security number**	**400-00-4327**
Box e:	**Employee's first name, initial, and last name**	**LATEST O MACDONALD**
box f:	**Employee's address and zip code**	1 FIRST STREET APT 3 **SUNSHINE LA 70122**
Box 1:	**Wages, tips, other compensation**	7967
Box 3:	**Social security wages**	7967
Box 4:	**Social security tax withheld**	494
Box 5:	**Medicare wages and tips**	7967
Box 6:	**Medicare tax withheld**	116
Box 15:	**State**	**LA**
	Employer's state ID number	**4201241001**
Box 16:	**State wages, tips, etc**	7967
Box 17:	**State income tax**	26

LA TEST # 5

IRS TEST# 27

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	PROVOLONE CREDIT 106 PROVOLONE CEN SANDWICH MA 02563
Payer's federal identification number	**72**-2131324
Recipient's identification number	**400-00-4327**
Recipient's name	**LATEST O MACDONAL**
Recipient's street address	1 FIRST STREET AP
Recipient's city, state, and zip	**SUNSHINE LA 7012**
Box 1: Gross Distribution	2000
Box 2a: Taxable amount	2000
Box 4: Federal income tax withheld	400
Box 7: Distribution code	7
IRA/SEP/SIMPLE	X
Box 11: State/payer's state number	**LA/4362197001**

UNION
NTER
3

LD
PT 3
22

LA TEST # 5

IRS TEST# 27

Form 1099-R *#2*: **RETIREMENT DATE (091986)**

Payer's name, street address, city, state, and zip	LOUISIANA ASSOCIATED RETIREMENT 1402 RESTFUL WAY ATLANTA LA 70301
Payer's federal identification number	**72-1466321**
Recipient's identification number	**400-00-2027**
Recipient's name	DAISY MACDONALD
Recipient's street address	1 FIRST STREET APT 3
Recipient's city, state, and zip	**SUNSHINE LA 70122**

Box 1:	**Gross Distribution**	**1200**
Box 2a:	**Taxable amount**	**1200**
Box 2b:	**Taxable amount not determined**	
	Total distribution	
Box 3:	**Capital gain (included in box 2a)**	
Box 4:	**Federal income tax withheld**	**150**
Box 5:	**Employee contributions**	
Box 6:	**Net unrealized appreciation in securities**	
Box 7:	**Distribution code**	**7**
	IRA/SEP/SIMPLE	
Box 8:	**Other**	
Box 9a:	**Percentage of total distribution**	
Box 9b:	**Total employee contributions**	
Box 10:	**State tax withheld**	**25**
Box 11:	**State/payer's state number**	**LA 3302888001**

LA TEST # 5

IRS TEST# 27

Form 1099-R *#3*: RETIREMENT DATE (091986)

Payer's name, street address, city, st	RAILROAD RETIREMENT SYSTEM 1402 RESTWAY ST ATLANTA LA 70301
Payer's federal identification number	72-1469321
Recipient's identification number	400-00-4327
Recipient's name	LATEST MACDONALD
Recipient's street address	1 FIRST STREET APT 3
Recipient's city, state, and zip	SUNSHINE LA 70122

Box 1:	Gross Distribution	300
Box 2a:	Taxable amount	300
Box 2b:	Taxable amount not determined	
	Total distribution	
Box 3:	Capital gain (included in box 2a)	
Box 4:	Federal income tax withheld 0	
Box 5:	Employee contributions	
Box 6:	Net unrealized appreciation in securities	
Box 7:	Distribution code 7	
	IRA/SEP/SIMPLE	
Box 8:	Other	
Box 9a:	Percentage of total distribution	
Box 9b:	Total employee contributions	
Box 10:	State tax withheld 0	
Box 11:	State/payer's state	LA 3302888001

LA TEST #5
IRS TEST # 27
2005 RESIDENT RETURN

NAME CHANGE BOX	
DECENDANT FILING BOX	
DECENDANT SPOUSE FILING BOX	
ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER	**400-00-4327**
SOCIAL SECURITY NUMBER SPOUSE AMENDED RETURN	**400-00-2027**
NAME	**LATEST MACDONALD**
SPOUSE NAME	**DAISY MACDONALD**
PRESENT ADDRESS	**1 FIRST STREET APT 3**
CITY STATE ZIP	**SUNSHINE LA 70122**

FILING STATUS	**MFJ**
EXEMPTIONS:	**2**
TOTAL EXEMPTIONS	**4**

7	FEDERAL AUDJUSTED GROSS INCOME	**43605**
8	LESS FEDERAL INCOME TAX	**2364**
9	YOUR LOUISIANA TAX TABLE INCOME	**41241**
10	YOUR LOUISIANA INCOME TAX	**925**
11A	OTHER NON REFUNDABLE TAX CREDITS	**25**
11D	TOTAL NONREFUNDABLE TAX CREDITS	**25**
12	ADJUSTED LOUISIANA INCOME TAX	**900**
14	TOTAL INCOME TAX AND CONSUMER USE TAX	**900**
15B	OTHER REFUNDABLE CREDITS	**4253**
15C	AMOUNT OF TAX WITHHELD FOR 2005	**2150**
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS	**6403**
16	OVERPAYMENT	**5503**
17A	CONTRIBUTION TO MILITARY FAMILY ASSITANCE FUND	**51**
17B	AOUNT TO DONATE TO VARIOUS CHARITIES	**193**
17C	CONTRIBUTION TO START	**100**
18	SUBTOTAL	**344**
19	AMOUNT TO BE REFUNDED	**5159**

LA TEST #5
IRS TEST # 27
2005 ADJUSTMENTS TO INCOME
SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME	**43905**
3 TOTAL	**43905**
4D2 OTHER RETIREMENT BENEFITS	**300**
09/1986	
4J TOTAL	**300**
4L NONTAXABLE INCOME	**300**
5 LOUISIANA ADJUSTED GROSS INCOME	**43605**

LA TEST #
IRS TEST #
2005 DONATION SCHEDULE

1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	**50**
2 LOUSIANA CANCER TRUST FUND – PROSTATE CANCER	**25**
3 LOUISIANA ANIMAL WELFARE COMMISSION	**35**
4 LOUISIANA HOUSING TRUST FUND	**35**
5 COMMUNITY BASED PRIMARY HEALTH CARE FUND	**48**
6 TOTAL DONATIONS	**193**

2005 REFUNDABLE TAX CREDITS

1 INVENTORY TAX CREDIT	**4253**
9 TOTAL	**4253**

2005 NONREFUNDABLE TAX CREDITS	**SCHEDULE G**
4 CREDIT FOR CERTAIN FEDERAL CREDITS	
4A SEE INSTRUCTIONS	**843**
4B MULTIPLY LINE 3A BY 10%	**25**
11 TOTAL NON REFUNDABLE CREDITS	**25**

2005 MODIFIED FEDERAL INCOME TAX INFORMATION	**SCHEDULE H**
1 ENTER AMOUNT FROM LINE 2A OF THE FITDCW	**19563**
2 ENTER AMOUNT FROM LINE 2B OF THE FITDCW	**10000**
3 ENTER AMOUNT FROM LINE 5A OF THE FITDCW	**11042**
4 ENTER AMOUNT FROM LINE 7A OF THE FITDCW	**0**
5 ENTER AMOUNT FROM LINE 8A OF THE FITDCW	**1103**
6 ENTER AMOUNT FROM LINE 9A OF THE FITDCW	**600**
7 ENTER AMOUNT FROM LINE 11 OF THE FITDCW	**600**

LA TEST # 6

IRS TEST# 16

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8901
IT540, SCH E, SCH G

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE17: PARTNERSHIP INCOME (K-1) 24,200

STATEMENTS:

OTHER: STATUTORY EMPLOYEE
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	LATEST T ISLANDER	**SSN:**	**400-00-4316**
DOB:	8/22/1936	**OCCUPATION:**	INSURANCE BROKER
DISABLED:	DEAF	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST
Baton Rouge, La 70802

FILING STATUS:	HEAD OF HOUSEHOLD	**LINE 6d:**	1
HOH QUALIFYING NAME:	MICHAEL ISLANDER	**SSN:**	400-55-3016
		AGE:	5

DIRECT DEPOSIT:

NAME OF INSTITUTION:	NINTH BANK OF DESTIN
RTN:	024567891
ACCT#:	ABC-123-4567890
TYPE OF ACCOUNT:	SAVINGS

SCHEDULE C:

NAME OF PROPRIETOR:	LATEST T ISLANDER	**SSN:**	400-00-4316
LINE A:	INSURANCE SALES		
LINE B:	524290		
LINE D:	65-7044337		
LINE F:	CASH		
LINE G:	YES		
PART I:			
LINE 1:	28,900	**STATUTORY EMPLOYEE BOX :**	X
PART II:			
LINE 18:	640		
LINE 22:	4,065		
LINE 23:	820		
LINE 26:	8,300		
PART III:			
LINE 33a	COST		
LINE 34	NO		
LINE 35-39	**0**		
LINE 41	**0**		

SCHEDULE E, PAGE 2:

PART II:	
LINE 27:	NO
LINE 28A(a):	SANDY SHORES,LP
LINE 28A(b):	P
LINE 28A(d):	56-8523699
LINE 28A(j):	24,400

FORM 5329:

NAME:	LATEST T ISLANDER	SSN:	400-00-4316
PART I:			
LINE 1:	3,000		
LINE 2:	0	EXCEPTION #:	05

FORM 8901:

	First Name	Last Name	SSN	Relationship
CHILD 1:	MICHAEL	ISLANDER	400-55-3016	SON

LA IT540

LINE 17A - MILITARY FAMILY ASSISTANCE		50
LINE 21 - ADDL MILITARY FAMILY ASSISTANCE FUND		50
CONSUMER USE TAX		575
SCHEDULE E:		
LINE 2A: RECAPTURE OF START		100
LINE 4I: CONTRIBUTION TO START SAVINGS		200
SCHEDULE G:		
LINE 2A		DEAF
LINE 2D		1
COMPOSITE PTR	SANDY SHORES	150
	FEIN 72-333333333	
STATE DIRECT DEBIT		
	RTN	24567891
	ACCT #	ABC-123-4567890
	ACCOUNT TYPE	SAVINGS
	AMT OF PAYMENT	50
	DIRECT DEBIT DATE	5/15/2006

LA TEST # 6

IRS TEST# 16

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

Form 1040:

Taxpayer's first name, initial, last name		**LATEST T ISLANDER**
Taxpayer's social security number		**400-00-4316**
Home address (number and street)		123 PLAY HERE ST
City, state, and zip		**Baton Rouge, La 70802**
Taxpayer's Presidential Election Campaign Fund		YES
Filing status		HEAD OF HOUSEHOLD
Head of household qualifying person's name		MICHAEL ISLANDER
Qualifying person's social security number		400-55-3016
Line 6a:	**Yourself (exemption)**	X
	Number of boxes checked on 6a and 6b	1
Line 6d:	**Total number of exemptions claimed**	1
Line 12:	**Business income or (loss)**	15075
Line 16b:	**Taxable amount of pensions and annuities**	3000
Line 17:	**Rental real estate, royalties, partnerships**	24400
Line 21:	**Other income**	5000
	Literal	BLACKJACK 5000
Line 22:	**Total income**	47475
Line 37:	**Adjusted gross income**	47475

Line 38:	**Enter amount from line 37**	47475
Line 40:	**Itemized deductions or standard deduction**	8550
Line 41:	**Subtract line 40 from line 38**	38925
Line 42:	**Multiply $3200 by the total number of exemptions claimed on line 6d**	3200
Line 43:	**Taxable income**	35725
Line 44:	**Tax**	4836
Line 46:	**Add lines 44 and 45**	4836
Line 52:	**Child tax credit**	0
Line 54:	**Credits from**	
Line 54b:	**Form 8859**	
Line 55:	**Other credits**	
Line 55c:	**Specify:**	
	Literal:	
Line 56:	**Total credits**	0
Line 57:	**Subtract line 56 from line 46**	4836
Line 60:	**Additional tax on IRA's, other qualified plans**	300
Line 63:	**Total tax**	5136
Line 64:	**Federal income tax withheld**	500
Line 65:	**Estimated tax payments and overpayment applied**	5662
Line 71:	**Total payments**	6162
Line 72:	**Overpaid**	1026
Line 73a:	**Amount refunded**	1026
Line 73b:	**Routing number**	024567891
Line 73c:	**Account type**	SAVINGS
Line 73d:	**Account number**	ABC-123-4567890
Third party designee:		NO
Taxpayer's occupation:		INSURANCE BROKER

LA TEST # 6

IRS TEST# 16

FORM W-2

Box b:	**Employer identification number**	58-2346821
Box c:	**Employer's name, address, and zip code**	OUT OF STATE INSURANCE SERVICES 7000 SIX FLAGS DR ATLANTA GA 30301
Box d:	**Employee's social security number**	**400-00-4316**
Box e:	**Employee's first name, initial, and last name**	**LATEST T ISLANDER**
box f:	**Employee's address and zip code**	123 PLAY HERE ST **Baton Rouge, La 70802**
Box 1:	**Wages, tips, other compensation**	28900
Box 2:	**Federal income tax withheld**	0
Box 3:	**Social security wages**	28900
Box 4:	**Social security tax withheld**	1792
Box 5:	**Medicare wages and tips**	28900
Box 6:	**Medicare tax withheld**	419
Box 13:	**Statutory employee**	X
Box 15:	**State**	LA
	Employer's state ID number	**5822768001**
Box 16:	**State wages, tips, etc**	28900
Box 17:	**State income tax**	2023

FORM W-2G

	Payer's Name:	GULF CRUISE LINES
	Payer's street address	DOCK 106 HARBOR ROW
	Payer's city, state, and zip code	DESTIN FL 32540
	Federal identification number	65-7294862
Box 1:	**Gross Winnings**	5000
Box 2:	**Federal income tax withheld**	500
Box 3:	**Type of wager**	BLACKJACK
Box 4:	**Date won**	2/14/2005
Box 9:	**Winner's taxpayer ID no**	**400-00-4316**
	Winner's Name:	**LATEST T ISLANDER**
	Winner's street address	123 PLAY HERE ST
	Winner's city, state, and zip code	**Baton Rouge, La 70802**
Box 13:	**State/Payer's state ID no**	**LA 5822764001**

LA TEST # 6

IRS TEST# 16

FORM 1099-R

Payer's name, street address, city, state, and zip	VACATION INSURANCE SERVICES 93 BAY ST DESTIN FL 32540
Payer's federal identification number	65-9687321
Recipient's identification number	**400-00-4316**
Recipient's name	**LATEST T ISLANDER**
Recipient's street address	123 PLAY HERE ST
Recipient's city, state, and zip	**Baton Rouge, La 70802**
Box 1: Gross Distribution	3000
Box 2a: Taxable amount	3000
Box 2b: Total distribution	X
Box 7: Distribution code	2

LA TEST 7 - STATE ONLY, AMENDED, NON RESIDENT, IT540B
IRS # 12

FORMS REQUIRED: FORM 1040, **IT540B**

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

THIRD PARTY DESIGNEE:
NAME: NO

TAXPAYER:

NAME:	**LATEST Z CANASTA**	**SSN:**	**400-00-4317**
DOB:	1/4/1975	**OCCUPATION:**	SALES CLERK
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	no	**BLIND:**	NO

ADDRESS: 2 HAWTHORN ST
OTTO CANADA A7P8C6

FILING STATUS: SINGLE **LINE 6d:** 1

INTEREST: **STATE: CANADA**
LN 1: 370

SCHEDULE K-1 FOR 1120S: (1) STATE: LA
S-CORP: BATON ROUGE CRAWDADS
1111 RIVER FRONT
BATON ROUGE LA 70821

PASSIVE ACTIVITY
LINE 1: 684
STATE TAX W/H: 0

DIRECT DEPOSIT: SAME AS FEDERAL

NAME OF INSTITUTION:	**COMMUNITY BANK**
RTN:	**053166111**
ACCT#:	**123456**
TYPE OF ACCOUNT:	**CHECKING**

PREPARER NOTES:
PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

E-MAIL ADDRESS: efile@lamis.gov

LA RETURN ONLY:
AMENDED RETURN
CHANGE OF ADDRESS
NAME CHANGE
DONATION TO MILITARY FAMILY ASSISTANCE FUND 100

LA TEST 7 - STATE ONLY
IRS # 12
FORMS INCLUDED: FORM 1040, FORM W-2 (2)

Form 1040:

Taxpayer's first name, initial, last name		LATEST Z CANASTA
Taxpayer's social security number		400-00-4317
Home address (number and street)		2 HAWTHORNE ST
City, state, and zip		OTTO CANADA A7P8C6
Filing status		SINGLE
Line 6a:	**Yourself (exemption)**	X
	Number of boxes checked on 6a and 6b	1
line 7:	**Total Wages**	11000
line 8a:	**Taxable interest**	370
line 17:	**Rental real estate, royalties, partnerships, s-corp**	684
Line 19:	**Unemployment compensation**	0
Line 22:	**Total income**	12054
Line 31a:	**Alimony paid**	0
Line 31b:	**Recipient's SSN**	0
Line 36:	**Add lines 23 through 31a and 32 through 35**	0
Line 37:	**Adjusted gross income**	12054
Line 38:	**Enter amount from line 37**	12054
Line 39a:	**Born before 1/2/1941**	x
Line 40:	**Itemized deductions or standard deduction**	5000
Line 41:	**Subtract line 40 from line 38**	7054
Line 42:	**Multiply $3200 by the total number of exemptions claimed on line 6d**	3200
Line 43:	**Taxable income**	3854
Line 44:	**Tax**	388
Line 46:	**Add lines 44 and 45**	388
Line 57:	**Subtract line 56 from line 46**	388
Line 61:	**Advance earned income credit payments**	0
Line 63:	**Total tax Literal**	388
Line 64:	**Federal income tax withheld**	750
Line 66a:	**Earned income credit**	0
Line 66b:	**Nontaxable combat pay election**	0
Line 68:	**Additional child tax credit**	0
Line 71:	**Total payments**	750
Line 72:	**Overpaid**	362
Line 73a:	**Amount refunded**	362
Line 73b:	**Routing number**	053166111
Line 73c:	**Account type**	CHECKING
Line 73d:	**Account number**	123456
Line 74:	**Applied to estimated tax**	0

TEST #12 (CONTINUED):

Third party designee:	no
Designee's name	
Designee's phone number	
Designee's personal identification number (PIN)	
Taxpayer's occupation:	SALES CLERK
Daytime phone number:	BLANK

LA TEST 7 - STATE ONLY

IRS # 12

FORM W-2 #1:

Box b:	**Employer identification number**	41-8765432
Box c:	**Employer's name, address, and zip code**	SWEET AROMA HEALTH & BEAUTY AIDS 7 FRAGRANT WAY KANSAS CITY, MO 64188
Box d:	**Employee's social security number**	400-00-4317
Box e:	**Employee's first name, initial, and last name**	LATEST Z CANASTA
box f:	**Employee's address and zip code**	2 HAWTHORNE ST OTTO CANADA 1708C6
Box 1:	**Wages, tips, other compensation**	11000
Box 2:	**Federal income tax withheld**	750
Box 3:	**Social security wages**	11000
Box 4:	**Social security tax withheld**	682
Box 5:	**Medicare wages and tips**	11000
Box 6:	**Medicare tax withheld**	160
Box 15:	**State Employers State ID**	LA4177730001
Box 16:	**State Wages, tips, etc:**	11000
Box 17:	**State Income Tax**	525

LA TEST #7
IRS TEST # 12
2005 NON RESIDENT RETURN

NAME CHANGE BOX	**X**
ADDRESS CHANGE BOX	**X**
SOCIAL SECURITY NUMBER	**400-00-4317**
AMENDED RETURN	**X**
NAME	**LATEST Z CANESTA**
PRESENT ADDRESS	**2 HAWTHORNE STREET**
CITY STATE ZIP	**OTTO CANADA A7P8C6**

FILING STATUS	**1**
EXEMPTIONS:	**1**
TOTAL EXEMPTIONS	**1**

7	FEDERAL AUDJUSTED GROSS INCOME	**12054**
8	LOUISIANA INCOME	**684**
9	RATIO OF LOUISIANA INCOME TO FED AGI	**5.67**
10A	FEDERAL INCOME TAX	**388**
10B	ALLOWABLE FEDERAL INCOME TAX DEDUCTION	**22**
11	OUISIANA NET INCOME	**662**
12	YOUR LOUISIANA INCOME TAX	**8**
14A	ADJUSTED LOUISIANA INCOME TAX	**8**
14C	TOTAL INCOME TAX AND CONSUMER USE TAX	**8**
20	AMOUNT YOU OWE	**8**
21	ADD'L DONATION TO THE MILITARY FAMILY	**100**
26	BALANCE DUE	108

LA TEST # 8

IRS TEST # 6

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3 **IT540, SCH E**

INFORMATION RETURNS ATTACHED:

FORM 1099-R (3)

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME:	**LATEST P BARRELL**	**SSN:**	**400-00-4305**
DOB:	6/18/1938	**OCCUPATION:**	RETIRED
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	NOT GIVEN	**BLIND:**	NO

ADDRESS: 25000 HAM AND BACON JUNCTION
BATON ROUGE LA 70802

FILING STATUS: QUALIFYING WIDOW(ER) **LINE 6d:** 2
YEAR SPOUSE DIED: 2004

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
ROLAND BARRELL	19	400-55-3006	FOSTERCHILD	12	NO

NOTE: *DEPENDENT IS A STUDENT*

SCHEDULE 1:

PART I:
LINE 1: BEST SAVINGS 5,500
FORTUNE BANK 7,200

SCHEDULE 3:

PART I:
LINE 1: X

E-MAIL ADDRESS efile@lamis.gov
INTEREST TAXABLE TO LA 1,500

LA TEST # 8

IRS TEST # 6

FORMS INCLUDED: FORM 1040A, 1099-R (3)

Form 1040A:

Taxpayer's first name, initial, last name		LATEST P BARRELL
Taxpayer's social security number		400-00-4305
Home address (number and street)		25000 HAM AND BACON JUNCTION
City, state, and zip		BATON ROUGE LA 70802
Taxpayer's Presidential Election Campaign Fund		YES
Filing status		QUALIFYING WIDOW(ER)
Year spouse died		2005
Line 6a:	Yourself (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6c:	Dependent #1:	
	Name	ROLAND BARRELL
	Social security number	400-55-3006
	Relationship	FOSTERCHILD
	Number of children who lived with you	1
Line 6d:	Total number of exemptions claimed	2
Line 8a:	Taxable interest	5500
Line 8b:	Tax exempt interest	7200
Line 11b:	Taxable amount of IRA distributions	2500
Line 12b:	Taxable amount of pensions and annuities	8000
Line 15:	Total income	16000
Line 21:	Adjusted gross income	16000
Line 22:	Enter amount from line 21	16000
Line 23a:	You were born before January 2, 1941	X
	Total boxes checked	1
Line 24:	Standard deduction	11000
Line 25:	Subtract line 24 from line 22	5000
Line 26:	Multiply $3200 by the total number of exemptions claimed on line 6d	6400
Line 27:	Taxable income	0
Line 28:	Tax	0
Line 30:	Credit for elderly or disabled	0
Line 35:	Total credits	0
Line 36:	Subtract line 35 from line 28	0
Line 38:	Total tax	0
Line 39:	Federal income tax withheld	0
	Literal	FORM 1099
Line 40:	Estimated tax payments and overpayment applied	0
Line 43:	Total payments	0
Line 44:	Overpaid	0
Line 45a:	Amount refunded	0
Line 45b:	Routing number	XXXXXXXXX
Line 45d:	Account number	XXXXXXXXXXXXXXXXX
Line 46:	Applied to estimated tax	0
Third party designee:		YES
Designee's name		JOHN DOE
Designee's phone number		888-555-1111
Designee's personal identification number (PIN)		11122
Taxpayer's occupation:		RETIRED

LA TEST # 8

IRS TEST # 6

Form 1099-R #1:

Payer's name, street address, city, state, and zip	OUR SHARE BANK & TRUST 72 MARKET PLACE PIG TOWN LA 70830-7272
Payer's federal identification number	**72-7754541**
Recipient's identification number	**400-00-4305**
Recipient's name	**LATEST P BARRELL**
Recipient's street address	25000 HAM AND BACON JUNCTION
Recipient's city, state, and zip	**BATON ROUGE LA 70802**
Box 1: Gross Distribution	2500
Box 2a: Taxable amount	2500
Box 7: Distribution code	7
IRA/SEP/SIMPLE	X
Box 11: State/payer's state number	**LA 2568946001**

LA TEST # 8

IRS TEST # 6

Form 1099-R *#2*:

Payer's name, street address, city, state, and zip	WECAN DUETTE LOBBYISTS 1000 BUCKS ST PIG TOWN MD 21230
Payer's federal identification number	**72-9081726**
Recipient's identification number	**400-00-4305**
Recipient's name	**LATEST P BARRELL**
Recipient's street address	25000 HAM AND BACON JUNCTION
Recipient's city, state, and zip	**BATON ROUGE LA 70802**
Box 1: Gross Distribution	4500
Box 2a: Taxable amount	4500
Box 4: Federal income tax withheld	0
Box 7: Distribution code	7
Box 11: State/payer's state number	**LA 329856001**

LA TEST # 8

IRS TEST # 6

Form 1099-R #3 **RETIREMENT DATE (091986)**

Payer's name, street address, city, state, and zip	LOUISIANA TEACHERS RETIREMENT 123 SOMEWHERE ST BATON ROUGE LA 70808
Payer's federal identification number	**72-9081728**
Recipient's identification number	**400-00-4305**
Recipient's name	**LATEST P BARRELL**
Recipient's street address	25000 HAM AND BACON JUNCTION
Recipient's city, state, and zip	**BATON ROUGE LA 70802**
Box 1: Gross Distribution	3500
Box 2a: Taxable amount	3500
Box 4: Federal income tax withheld	0
Box 7: Distribution code	7
Box 11: State/payer's state number	**LA 4329865001**
Box 12: State Distribution	3500

LA TEST # 9
IRS TEST # 28

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, IT540,SCH E

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

THIRD PARTY DESIGNEE: NONE

TAXPAYER:

NAME:	LATEST A LOTT	**SSN:**	400-00-4307
DOB:	1/16/1953	**OCCUPATION:**	BANKER
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	225-219-4307	**BLIND:**	NO

SPOUSE:

NAME:	EDNA K LOTT	**SSN:**	400-00-2028
DOB:	9/15/1953	**OCCUPATION:**	
DISABLED:	YES	**PRES ELEC FUND:**	NO
		BLIND:	YES

ADDRESS: 45020 GREEN WAY
BATON ROUGE, LA 70810

FILING STATUS: **MARRIED FILING SEPARATELY** **LINE 6d:** 1
IF NOT ALLOWING MFS THEN USE SINGLE

SCHEDULE A:

LINE 5:	**50,700**	
LINE 5b:	**X**	
LINE 6:	**15,000**	
LINE 7:	**700**	
LINE 15:	**100,300**	
LINE 20:	**3,750**	***NOTE: FORM 2106-EZ***
LINE 21:	**1,000**	
TOTAL	**123,627**	

SCHEDULE C:

PROPRIETOR:	LATEST A LOTT	**SSN:**	400-00-4328
LINE A:	RECORDING STUDIO		
LINE B:	512200		
LINE C:	GOOD VIBES		
LINE D:	72-1188111		
LINE E:	453 PALM TREE BLVD BATON ROUGE, LA 70801		
LINE F:	CASH		
LINE G:	YES		

SCHEDULE C (CONT):

PART I:	
LINE 1:	738,000
PART II:	
LINE 8:	8,000

LINE 10:	19,900	
LINE 11:	127,847	
LINE 15:	15,000	
LINE 16a:	83,000	
LINE 17:	1,700	
LINE 18:	180	
LINE 20a:	25,000	
LINE 21:	12,100	
LINE 23:	240	
LINE 25:	12,500	
LINE 26:	170,000	
PART III:		
LINE 33a:	X	
LINE 34:	NO	
LINE 35:	35,000	
LINE 36:	60,000	
LINE 38:	20,000	
LINE 39:	3,000	
LINE 41:	65,000	
PART V:		
OTHER EXPENSES:	CONTRACT MUSICIANS	39,000

SCHEDULE SE:

NAME: LATEST A LOTT **SSN:** 400-00-4328

SECTION B:

LINE 2: 170,533

CREDIT CARRIED FORWARD FROM 2004		**1000**	
NAME CHANGE	**X**		
ADDRESS CHANGE	**X**		
FEDERAL EXTENSION DATE		**8/15/2006**	
AMOUNT PAID WITH EXTENSION		**2374**	**05/16/06**
2004 TAX LIABILITY		**55800**	**08/15/06**
2210	**EXCEPTION 2 FOR ALL PERIODS**		**91 days**
ESTIMATED PAYMENTS FOR 2005		**28500**	
INVENTORY TAX CREDIT		**2100**	
E-MAIL ADDRESS	efile@mis.gov		

Underpayment Penatly:

Number of payment required:		**4**
Amount paid per Period	**1st**	**28425**
	2nd	**4449**
	3rd	**100**
	4th	**100**

Section 4: Line 16:

	9/15/2005	**1/17/2006**
Date of Payment	**8/15/2006**	**8/15/2006**
Number of days from due date of installment	**334**	**210**

Interest Calculation Wksht:

Number of days late	91	822

Delinquent Filing Penalty Calculation:

Number of days late	91	3531

Delinquent Payment Penalty Calculation:

Number of days late	91	353

LATest #9
irsTest #28
FORMS INCLUDED: FORM 1040, FORM W-2 (1)

Form 1040:

Taxpayer's first name, initial, last name		LATEST A LOTT
Taxpayer's social security number		400-00-4307
Spouse's first name, initial, last name		EDNA K LOTT
Spouse's social security number		400-00-2028
Home address (number and street)		45020 GREEN WAY
City, state, and zip		BATON ROUGE, LA 70810
Taxpayer's Presidential Election Campaign Fund		YES
Filing status		MARRIED FILING SEPERATELY
Line 6a:	**Yourself (exemption)**	X
Line 6b:	**Spouse (exemption)**	NO
	Number of boxes checked on 6a and 6b	1
Line 6d:	**Total number of exemptions claimed**	1
Line 7:	**Wages, salaries, and tips**	1225500
Line 8a:	**Taxable Interest**	115000
Line 8b:	**Tax exempt interest**	1500
Line 12:	**Business income or (loss)**	170533
Line 22:	**Total income**	1511033
Line 27:	**One-half of self-employment tax**	2284
Line 36:	**Add lines 23 through 31a and 32 through 35**	2284
Line 37:	**Adjusted gross income**	1508749
Line 38:	**Enter amount from line 37**	1508749
Line 40:	**Itemized deductions or standard deduction**	123627
Line 41:	**Subtract line 40 from line 38**	1385122
Line 42:	**Multiply $3200 by the total number of exemptions claimed on line 6d**	0
Line 43:	**Taxable income**	1385122
Line 44:	**Tax**	471824
Line 46:	**Add lines 44 and 45**	471824
Line 55:	**Other credits**	0
Line 55a:	**Form 3800**	
Line 55c:	**Specify:**	
	Literal:	
Line 56:	**Total credits**	0
Line 57:	**Subtract line 56 from line 46**	471824
Line 58:	**Self-employment tax**	4567
Line 63:	**Total tax**	476391
	Literal	
Line 64:	**Federal income tax withheld**	419000
Line 71:	**Total payments**	419000
Line 75:	**Amount you owe:**	57391
Third party designee:		NO
Taxpayer's occupation:		BANKER
Spouse's occupation:		

FORM W-2 #1:

Box b:	**Employer identification number**	72-1111222
Box c:	**Employer's name, address, and zip code**	THIRD REGIONAL BANK ONE TOWER SQUARE DALLAS TX 75266
Box d:	**Employee's social security number**	400-00-4307
Box e:	**Employee's first name, initial, and last name**	LATEST A LOTT
box f:	**Employee's address and zip code**	45020 GREEN WAY BATON ROUGE, LA 70810
Box 1:	**Wages, tips, other compensation**	1225500
Box 2:	**Federal income tax withheld**	419000
Box 3:	**Social security wages**	90000
Box 4:	**Social security tax withheld**	5580
Box 5:	**Medicare wages and tips**	1225500
Box 6:	**Medicare tax withheld**	17770
Box 13:	**Retirement plan**	X
Box 15:	**State**	OK
	Employer's state ID number	73012456
Box 16:	**State wages, tips, etc**	1200

LA TEST #9
IRS TEST #28
2005 RESIDENT RETURN

SOCIAL SECURITY NUMBER	**400-00-4307**
NAME	**LATEST A LOTT**
PRESENT ADDRESS	**45020 GREENWAY**
CITY STATE ZIP	**BATON ROUGE LA 70810-1001**

FILING STATUS	**MFS**
EXEMPTIONS:	**1**
TOTAL EXEMPTIONS	**1**

SCHEDULE E X

7	FEDERAL ADJUSTED GROSS INCOME	**1464499**
8	LESS FEDERAL INCOME TAX	**471824**
9	YOUR LOUISIANA TAX TABLE INCOME	**992675**
10	YOUR LOUISIANA INCOME TAX	**58714**
11	ADJUSTED LOUISIANA INCOME TAX	**58714**
12	TOTAL INCOME TAX AND CONSUMER USE TAX	**58714**
15B	OTHER REFUNDABLE CREDITS	**2100**
15C	AMOUNT OF TAX WITHHELD FOR 2005	**1200**
15D	AMOUNT OF CREDIT CARRIED FORWARD FROM 2004	**1000**
15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2005	**28500**
15G	AMOUNT PAID WITH EXTENSION REQUEST	**2374**
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS	**35174**
20	AMOUNT YOU OWE	**23540**
25	**UNDERPAYMENT PENALTY**	**X**
26	BALANCE DUE LOUISIANA	**29695**
	MARK BOX IF AN EXTENSION FILED	**X**

2005 ADJUSTMENTS TO INCOME
SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME	**1508749**
2 INTEREST INCOME AND DIVIDENDS	**1500**
3 TOTAL	**1510249**
4A INTEREST AND DIVIDENDS ON U S GOVT OBLIGATIONS	**57500**
4J TOTAL	**57500**
4K FEDERAL TAX APPLICABLE TO EXEMPT INCOME	**11750**
4L NONTAXABLE INCOME	**45750**
5 LOUISIANA ADJUSTED GROSS INCOME	**1464499**

SCHEDULE F
2005 REFUNDABLE TAX CREDITS

1 INVENTORY TAX CREDIT	**2100**
9 TOTAL	**2100**

LA TEST # 10

IRS TEST # 25

FORMS REQUIRED: FORM 1040, FORM 8812, **IT540B, PART YEAR, SCH D**

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: YES
JONE DONE
PHONE:252-291-2345
PIN:12456

PREPARED BY:

TAXPAYER:

NAME:	**LATEST Y INSIGHTFUL**	**SSN:**	**400-00-4311**
DOB:	4/21/1970	**OCCUPATION:**	INVESTMENT SPECIALIST
DISABLED:	NO	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	404-555-1020	**BLIND:**	NO

CHECK DIGITS FROM IRS LABEL: OT

ADDRESS: 512 HOWARD DRIVE
SALT LAKE CITY, UT 84713

FILING STATUS: QUALIFYING WIDOW(ER) **LINE 6d:** 2
YEAR SPOUSE DIED: 2004

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
MIGHTY INSIGHTFUL	10	400-55-3221	SON	12	X

EIC WORKSHEET
question 1 no
question 2 no
question 3 no

FORM 8812

THIRD PARTY DESIGNEE: **JONE DONE**
PH: 252-291-2345 **PIN 12456**
AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNER: **625**
TYLER DAVID **735649821**
BUTION MILITARY FAMILY 100
DONATIONS
LN 1 10
LN 2 10
LN 3 10
LN 4 10
LN 5 10

LA TEST # 10

IRS TEST # 25

FORMS INCLUDED: FORM 1040, IT540 B

Form 1040:

	Taxpayer's first name, initial, last name	LATEST Y INSIGHTFUL
	Taxpayer's social security number	400-00-4311
	Home address (number and street)	512 HOWARD DRIVE
	City, state, and zip	NEW ORLEANS, LA 70112
	Taxpayer's Presidential Election Campaign Fund	NO
	Filing status	QUALIFYING WIDOWER
	Year spouse died	2004
Line 6a:	Yourself (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6c:	Dependent #1:	
	Name	MIGHTY INSIGHTFUL
	Social security number	400-55-3221
	Relationship	SON
	Qualifying child	X
	Number of children who lived with you	1
Line 6d:	Total number of exemptions claimed	2
Line 7:	Wages, salaries, and tips	23100
Line 8a:	Taxable interest	0
Line 8b:	Tax-exempt interest	0
line 16a:	Pensions and annuities	0
line 16b:	Taxable amount of pensions and annuities (8915)	0
line 17:	Rental real estate, royalties, Pships, etc.	1820
Line 21:	Other income	
	Literal	
Line 22:	Total income	24920
Line 37:	Adjusted gross income	24920
Line 38:	Enter amount from line 37	24920
Line 40:	Itemized deductions or standard deduction	10000
Line 41:	Subtract line 40 from line 38	14920
Line 42:	Multiply $3200 by the total number of	
	exemptions claimed on line 6d	6400
Line 43:	Taxable income	8520
Line 44:	Tax	853
Line 46:	Add lines 44 and 45	853
Line 52:	Child tax credit	853
Line 55	Other Credits	
Line 55b:	Form 8801	
Line 56:	Total credits	853
Line 57:	Subtract line 56 from line 46	0
Line 63:	Total tax	0
Line 65:	Estimated tax payments and overpayment applied	5400
Line 68:	Additional child tax credit 8812	147
Line 71:	Total payments	5547
Line 72:	OVERPAYMENT	5547
	Third party designee:	YES
	Taxpayer's occupation:	INVESTMENT SPECIALIST
	Daytime phone number:	404-555-1020

LA TEST # 10

IRS TEST # 25

FORM W-2 #1:

Box b:	**Employer identification number**	**43-8765411**
Box c:	**Employer's name, address, and zip code**	LA INVESTMENT BANKERS 2310 FUNDS STREET BATON ROUGE, LA 70821
Box d:	**Employee's social security number**	**400-00-4311**
Box e:	**Employee's first name, initial, and last name**	**LATEST Y INSIGHTFUL**
box f:	**Employee's address and zip code**	512 HOWARD STREET **SALT LAKE CITY, UT 84713**
Box 1:	**Gross wagees**	21000
Box 2:	**Federal income tax withheld**	5000
Box 3:	**Social security wages**	21000
Box 4:	**Social security tax withheld**	1302
Box 5:	**Medicare wages and tips**	21000
Box 6:	**Medicare tax withheld**	305
Box 15:	**State Employers State ID**	LA3521016001
Box 16:	**State Wages, tips, etc:**	21000
Box 17:	**State Income Tax**	2500

LA TEST # 10

IRS TEST # 25

FORM W-2 #2:

Box b:	**Employer identification number**	**43-8885557**
Box c:	**Employer's name, address, and zip code**	United States Army 95300 Pennsylvania Ave Washington DC 20044
Box d:	**Employee's social security number**	**400-00-4311**
Box e:	**Employee's first name, initial, and last name**	**LATEST Y INSIGHTFUL**
box f:	**Employee's address and zip code**	512 HOWARD DR **SALT LAKE CITY, UT 84713**
Box 1:	**Gross wages**	2100
Box 2:	**Federal income tax withheld**	400
Box 3:	**Social security wages**	2100
Box 4:	**Social security tax withheld**	130
Box 5:	**Medicare wages and tips**	2100
Box 6:	**Medicare tax withheld**	30
Box 15:	**State Employers State ID**	UT 5611654001
Box 16:	**State Wages, tips, etc:**	2100
Box 17:	**State Income Tax**	0

LA TEST # 11

IRS TEST # 25

FORMS REQUIRED: FORM 1040,SCH B, FORM 8915, FORM 1310
IT540B, SCH E

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

OTHER:

FORM 1310
NAME OF CLAIMANT: BROTHER A. SMITH
ADDRESS: 122 TORCH STREET, New Orleans, LA 70112
SS# 400-55-7777

PART I: C

PART II:
LINE 1: NO
LINE 2A: NO
LINE 2B: NO
LINE 3: YES

THIRD PARTY DESIGNEE: YES
MICHAELANGELO FETTUCCINO
PHONE:252-291-2344
PIN:54321

PREPARED BY:

TAXPAYER:

NAME:	LATEST O OLYMPICS	**SSN:**	400-00-4309
DOB:	4/21/1970	**OCCUPATION:**	INVESTMENT SPECIALIST
DISABLED:	YES	**PRES ELEC FUND:**	YES
DAYTIME PHONE:	404-555-1020	**BLIND:**	NO

SPOUSE:

NAME:	MABLE S GRASS	**SSN:**	400-00-6666
DOB:	7/21/1938	**OCCUPATION:**	DECEASED
DISABLED:	NO	**PRES ELEC FUND:**	NO
		BLIND:	YES

CHECK DIGITS FROM IRS LABEL: OT

ADDRESS: 121 TORCH ST
NEW ORLEANS, LA 70112

FILING STATUS: MARRIED JOINT **LINE 6d:** 4
YEAR SPOUSE DIED: 10/15/2005

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
WENDY OLYMPICS	9	400-55-3025	DAUGHTER	12	X
WYATT OLYMPICS	6	400-00-4010	SON	12	X

SCHEDULE B:

PART I:
LINE 1: FIRST BANK 6,200
SECOND BANK 2,600
THIRD BANK 3,650

SIXTH BANK 4,160

PART III:
LINE 7a: NO
LINE 8: NO

THIRD PARTY DESIGNEE: **MICHAELANGELO FETTUCCINI**
PH: 252-291-2344 **PIN 54321**
AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNER: **625**
TYLER DAVID **735649821**

LA TEST # 11

IRS TEST # 25

FORMS INCLUDED: FORM 1040

Form 1040:

Taxpayer's first name, initial, last name		LATEST O OLYMPICS
Taxpayer's social security number		400-00-4309
Home address (number and street)		121 TORCH ST
City, state, and zip		NEW ORLEANS, LA 70112
Taxpayer's Presidential Election Campaign Fund		YES
Filing status		MARRIED FILING JOINT
Year spouse died		2005
Line 6a:	**Yourself (exemption)**	X
	Number of boxes checked on 6a and 6b	2
Line 6c:	**Dependent #1:**	
	Name	WENDY OLYMPICS
	Social security number	400-55-3025
	Relationship	DAUGHTER
	Qualifying child	X
	Dependent #2:	
	Name	WYATT OLYMPICS
	Social security number	400-00-4010
	Relationship	SON
	Qualifying child	X
	Number of children who lived with you	2
Line 6d:	**Total number of exemptions claimed**	4
Line 7:	**Wages, salaries, and tips**	25300
Line 8a:	**Taxable interest**	16610
Line 8b:	**Tax-exempt interest**	0
line 16a:	**Pensions and annuities**	33700
line 16b:	**Taxable amount of pensions and annuities (8915)**	31190
Line 21:	**Other income**	2500
	Literal	ROULETTE 2500
Line 22:	**Total income**	75600
Line 37:	**Adjusted gross income**	75600
Line 38:	**Enter amount from line 37**	75600
Line 40:	**Itemized deductions or standard deduction**	10000
Line 41:	**Subtract line 40 from line 38**	65600
Line 42:	**Multiply $3200 by the total number of exemptions claimed on line 6d**	12800
Line 43:	**Taxable income**	52800
Line 44:	**Tax**	7194
Line 46:	**Add lines 44 and 45**	7194
Line 52:	**Child tax credit**	2000
Line 55	**Other Credits**	
Line 55b:	**Form 8801**	
Line 56:	**Total credits**	2000
Line 57:	**Subtract line 56 from line 46**	5194
Line 63:	**Total tax**	5194
Line 65:	**Estimated tax payments and overpayment applied**	6177
Line 71:	**Total payments**	6177
Line 72:	**OVERPAYMENT**	983
Third party designee:		YES
Taxpayer's occupation:		FINANCIAL PLANNER
Daytime phone number:		404-555-1020

LA TEST # 11

IRS TEST # 25

FORM W-2 #1:

Box b:	**Employer identification number**	72-8765411
Box c:	**Employer's name, address, and zip code**	LA INVESTMENT BANKERS 2310 FUNDS STREET BATON ROUGE, LA 70821
Box d:	**Employee's social security number**	400-00-4309
Box e:	**Employee's first name, initial, and last name**	LATEST O OLYMPICS
box f:	**Employee's address and zip code**	121 TORCH ST SALT LAKE CITY, UT 84713
Box 1:	**Gross Distribution**	21000
Box 2:	**Federal income tax withheld**	5000
Box 3:	**Social security wages**	21000
Box 4:	**Social security tax withheld**	1302
Box 5:	**Medicare wages and tips**	21000
Box 6:	**Medicare tax withheld**	305
Box 15:	**State Employers State ID**	LA3521016001
Box 16:	**State Wages, tips, etc:**	21000
Box 17:	**State Income Tax**	2500

LA TEST # 11

IRS TEST # 25

FORM W-2 #2:

Box b:	**Employer identification number**	43-8885556
Box c:	**Employer's name, address, and zip code**	United States Navy 95300 Pennsylvania Ave Washington DC 20044
Box d:	**Employee's social security number**	400-00-4309
Box e:	**Employee's first name, initial, and last name**	LATEST O OLYMPICS
box f:	**Employee's address and zip code**	121 TORCH ST SALT LAKE CITY, UT 84713
Box 1:	**Gross Distribution**	2100
Box 2:	**Federal income tax withheld**	400
Box 3:	**Social security wages**	2100
Box 4:	**Social security tax withheld**	130
Box 5:	**Medicare wages and tips**	2100
Box 6:	**Medicare tax withheld**	30
Box 15:	**State Employers State ID**	UT 5611654001
Box 16:	**State Wages, tips, etc:**	2100
Box 17:	**State Income Tax**	0

FORM W-2 #3:

Box b:	**Employer identification number**	**NATIONAL ASSOC OF NATIVE AMERICAN TRIBESMAN**
Box c:	**Employer's name, address, and zip code**	**8553 BLACKFOOT ST** **CHOCTAW, LA 70821** **72-4658821**
Box d:	**Employee's social security number**	400-00-4309
Box e:	**Employee's first name, initial, and last name**	LATEST O OLYMPICS
box f:	**Employee's address and zip code**	121 TORCH ST SALT LAKE CITY, UT 84713
Box 1:	**Gross Distribution**	2200
Box 2:	**Federal income tax withheld**	112
Box 3:	**Social security wages**	2200
Box 4:	**Social security tax withheld**	136
Box 5:	**Medicare wages and tips**	2200
Box 6:	**Medicare tax withheld**	32
Box 15:	**State Employers State ID**	LA 3358920001
Box 16:	**State Wages, tips, etc:**	2200
Box 17:	**State Income Tax**	0

LA TEST # 11

IRS TEST # 25

FORM W-2G

	Payer's Name:	LAND BASED CASINO
	Payer's street address	8393 VEGAS ST
	Payer's city, state, and zip code	NEW ORLEANS, LA, 70120
	Federal identification number	72-7596432
Box 1:	**Gross Winnings**	2500
Box 2:	**Federal income tax withheld**	250
Box 3:	**Type of wager**	ROULETTE
Box 4:	**Date won**	6/14/2005
Box 9:	**Winner's taxpayer ID no**	400-55-6666
	Winner's Name:	MABLE S OLYMPICS
	Winner's street address	121 TORCH ST
	Winner's city, state, and zip code	SALT LAKE CITY, UT 84713
Box 13:	**State/Payer's state ID no**	LA 7822764001

LA TEST # 11

IRS TEST # 25

Form 1099-R *#1*: **RETIREMENT DATE (05-15-2003)**

Payer's name, street address, city, state, and zip	**FEDERAL PENSION FUND** **2490 BIG APPLE ST** **NEW YORK, NY 10010**
Payer's federal identification number	**72-4328801**
Recipient's identification number	400-00-4309
Recipient's name	LATEST O OLYMPICS
Recipient's street address	121 TORCH ST
Recipient's city, state, and zip	SALT LAKE CITY, UT 84713
Box 1: Gross Distribution	**15000**
Box 2a: Taxable amount	**12840**
Box 4: Federal income tax withheld	**0**
Box 7: Distribution code	**7**
Box 11: State/payer's state number	**LA 4796235001**
Box 12 State distribution	**12840**

LA TEST # 11

IRS TEST # 25

Form 1099-R *#2*: **RETIREMENT DATE (05-15-2003)**

Payer's name, street address, city, state, and zip	**LOUISIANA RETIREMENT SYSTEM** **14286 GOVERNMENT BLVD** **BATON ROUGE, LA 70821**
Payer's federal identification number	**72-2234568**
Recipient's identification number	400-00-4309
Recipient's name	LATEST O OLYMPICS
Recipient's street address	121 TORCH ST
Recipient's city, state, and zip	SALT LAKE CITY, UT 84713
Box 1: Gross Distribution	**15200**
Box 2a: Taxable amount	**15200**
Box 4: Federal income tax withheld	**415**
Box 7: Distribution code	**7**
Box 11: State/payer's state number	**LA 3479625001**
Box 12 State distribution	**15200**

LA TEST # 11

IRS TEST # 25

Form 1099-R *#3*: **RETIREMENT DATE (05-15-2003)**

Payer's name, street address, city, state, and zip	**OTHER RETIREMENT SYSTEM** **123 ANYWHERE STREET** **BATON ROUGE, LA 70808**
Payer's federal identification number	**72-9981728**
Recipient's identification number	400-00-4309
Recipient's name	LATEST O OLYMPICS
Recipient's street address	121 TORCH ST
Recipient's city, state, and zip	SALT LAKE CITY, UT 84713
Box 1: Gross Distribution	**3500**
Box 2a: Taxable amount	**3500**
Box 4: Federal income tax withheld	**0**
Box 7: Distribution code	**7**
Box 11: State/payer's state number	**LA 4896135001**
Box 12 State distribution	**3500**

Form 1099-R *#3*: **RETIREMENT DATE (05-15-2003)**

Payer's name, street address, city, s	**DISABILITY RETIREMENT**
	123 ANY STREET
	BATON ROUGE, LA 70808
Payer's federal identification number	**72-7381728**
Recipient's identification number	400-00-4309
Recipient's name	LATEST O OLYMPICS
Recipient's street address	121 TORCH ST
Recipient's city, state, and zip	SALT LAKE CITY, UT 84713

Box 1:	**Gross Distribution**	**2000**
Box 2a:	**Taxable amount**	**2000**
Box 4:	**Federal income tax**	**0**
Box 7:	**Distribution code**	**7**
Box 11:	**State/payer's stat**	**LA 3496135001**
Box 12	**State distribution**	**2000**

LA TEST #11
IRS TEST # 25
2005 RESIDENT RETURN

DECENDANT SPOUSE FILING BOX	**X**
SOCIAL SECURITY NUMBER	**400004309**
SOCIAL SECURITY NUMBER SPOUSE	**400556666**
NAME	**LATEST O OLYMPICS**
SPOUSE NAME	**MABLE S OLYMPICS**
PRESENT ADDRESS	**121 TORCH STREET**
CITY STATE ZIP	**NEW ORLEANS LA 70112**

FILING STATUS	**MFJ**
DEPENDENTS:	**2**
TOTAL EXEMPTIONS	**6**

7	FEDERAL AUDJUSTED GROSS INCOME	**41845**
8	LESS FEDERAL INCOME TAX	**5021**
9	YOUR LOUISIANA TAX TABLE INCOME	**36824**
10	YOUR LOUISIANA INCOME TAX	**715**
11A	OTHER NONREFUNDABLE TAX CREDITS	**100**
11D	**TOTAL NONREFUNDABLE TAX CREDITS**	**100**
12	**ADJUSTED LOUISIANA INCOME TAX**	**615**
14	**TOTAL INCOME TAX**	**615**
15C	AMOUNT OF TAX WITHHELD FOR 2005	**2500**
15E	**AMOUNT PAID COMPOSITE PTR TYLER DAVID 735649821**	**625**
15H	**TOTAL REFUNDABLE CREDITS AND PAYMENTS**	**3125**
16	**OVERPAYMENT**	**2510**
17A	CONTRIBUTION TO MILITARY FAMILY ASSITANCE FUND	**1745**
18	**SUBTOTAL**	**1745**
19	**AMOUNT TO BE REFUNDED**	**765**

LA TEST #
IRS TEST #
2005 ADJUSTMENTS TO INCOME
SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME	**76450**
2 INTEREST INCOME AND DIVIDENDS FROM OTHER STATES	**1600**
2A RECAPTURE OF START CONTRIBUTIONS	
3 TOTAL	**78050**
4 NONTAXABLE INCOME	
4A INTEREST AND DIVIDENDS ON U S GOVERNMENT OBLIGATIONS	
4B LOUISIANA STATE EMPLOYEES RETIREMENT BENEFITS	**15200**
_____	
4C LOUISIANA STATE TEACHERS RETIREMENT BENEFITS	
_____	
4D1 FEDERAL RETIREMENT BENEFITS	**15000**
09151986	
4D2 OTHER RETIREMENT BENEFITS	**3500**
04152003 OTHER RETIREMENT SYSTEM	
4F TAXABLE AMOUNT OF SOCIAL SECURITY BENEFITS	**850**
4G NATIVE AMERICAN INCOME	**2200**
4H OTHER **DISABILITY INCOME**	**2000**
4J TOTAL	**38750**
4K FEDERAL TAX APPLICABLE TO EXEMPT INCOME	**2545**
4L NONTAXABLE INCOME	**36205**
5 LOUISIANA ADJUSTED GROSS INCOME	**41845**

LA TEST # 12

IRS TEST # 3

FORMS REQUIRED: FORM 1040EZ, IT540

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:
FORM 1040EZ, LINE 2: 270

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER:

NAME:	LATEST N ERTIA	**SSN:**	400-00-4303
DOB:	2/1/1965	**OCCUPATION:**	COOK
DISABLED:	NO	**PRES ELEC FUND:**	NO
DAYTIME PHONE:	305-678-9012	**BLIND:**	NO

SPOUSE:

NAME:	EARLIEST C ERTIA	**SSN:**	400-55-4132
DOB:	3/4/1976	**OCCUPATION:**	HOMEMAKER
DISABLED:	NO	**PRES ELEC FUND:**	NO

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY
LAZY POINT, LA 70807

FILING STATUS: MARRIED JOINT

DIRECT DEPOSIT:

NAME OF INSTITUTION:	LAST SAVINGS BANK
RTN:	012456778
ACCT #:	111-222-3456
TYPE OF ACCT:	SAVINGS

CONSUMER USE TAX 400

LA TEST # 12

IRS TEST # 3

FORMS INCLUDED: FORM 1040EZ, W-2 (1)

Form 1040EZ:

Taxpayer's first name, initial, last name		LATEST N ERTIA
Taxpayer's social security number		400-00-4303
Spouse's first name, initial, last name		EARLIEST C ERTIA
Spouse's social security number		400-55-4132
Home address (number and street)		215 LAID BACK WAY
City, state, and zip		LAZY POINT LA 70807
Filing status		MARRIED JOINT
Line 1:	**Wages, salaries, and tips**	2150
Line 2:	**Taxable interest**	270
Line 4:	**Adjusted gross income**	2420
Line 5:	**Can someone else claim you on their return**	NO
	Deduction/exemption amount	16400
Line 6:	**Taxable income**	0
Line 7:	**Federal income tax withheld**	300
Line 8a:	**Earned income credit**	NO
Line 9:	**Total payments**	300
Line 10:	**Tax**	0
Line 11a:	**Refund**	300
Line 11b:	**Routing number**	
Line 11c:	**Account type**	
Line 11d:	**Account number**	
Third party designee:		NO
Taxpayer's occupation:		COOK
Daytime phone number:		305-678-9012

Return prepared by: Taxpayer

LA TEST # 12

IRS TEST # 3

FORM W-2 #1:

Box b:	**Employer identification number**	72-6321571
Box c:	**Employer's name, address, and zip code**	LOAFERS SANDWICH SHOPPE 14A LOAFERS LAND LAZY POINT LA 70807
Box d:	**Employee's social security number**	400-00-4303
Box e:	**Employee's first name, initial, and last name**	LATEST N ERTIA
box f:	**Employee's address and zip code**	215 LAID BACK WAY LAZY POINT LA 70807-2150
Box 1:	**Wages, tips, other compensation**	2150
Box 2:	**Federal income tax withheld**	300
Box 3:	**Social security wages**	2150
Box 4:	**Social security tax withheld**	133
Box 5:	**Medicare wages and tips**	2150
Box 6:	**Medicare tax withheld**	31
Box 15:	**State**	LA
	Employer's state ID number	LA 1121768-001
Box 16:	**State wages, tips, etc**	2150
Box 17:	**State income tax**	215